

**PHA Plans**  
**Annual Plan for Fiscal Year 2001**

**NM038V02**  
**TAOS COUNTY**  
**HOUSING AUTHORITY**

**Annual PHA Plan**  
**PHA Fiscal Year 2000**  
[24 CFR Part 903.7]

**i. Annual Plan Type:**

Select which type of Annual Plan the PHA will submit.

☒ **Standard Plan**

**Streamlined Plan:**

- ☐ **High Performing PHA**  
☐ **Small Agency (<250 Public Housing Units)**  
☐ **Administering Section 8 Only**

☐ **Troubled Agency Plan**

**ii. Executive Summary of the Annual PHA Plan**

[24 CFR Part 903.7 9 (r)]

Provide a brief overview of the information in the Annual Plan, including highlights of major initiatives and discretionary policies the PHA has included in the Annual Plan.

The Taos County Public Housing Authority will continue to focus on four major areas: Housing Management, CIAP Grant Program, Maintenance, and Programs. The Housing Management Staff will concentrate on rent collection, lowering the vacancy rate and maintaining the management standards. The CFP Program will follow the Annual Plan submitted to HUD this year. The maintenance staff will continue to be aggressive with work orders and provide additional assistance to reduce the amount of vacant units. Programs will consist of Drug Elimination, Resident Council initiatives, FSS Programs and leveraging dollars to expand the effectiveness of these programs to promote Community, Individual Self Sufficiency, Reduce Crime, and create a better environment to live.

**iii. Annual Plan Table of Contents**

[24 CFR Part 903.7 9 (r)]

Provide a table of contents for the Annual Plan, including attachments, and a list of supporting documents available for public inspection.

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### Attachments

Indicate which attachments are provided by selecting all that apply. Provide the attachment's name (A, B, etc.) in the space to the left of the name of the attachment. Note: If the attachment is provided as a **SEPARATE** file submission from the PHA Plans file, provide the file name in parentheses in the space to the right of the title.

#### Required Attachments:

- ☒ Admissions Policy for Deconcentration
- ☒ FY 2000 Capital Fund Program Annual Statement Attachment A
- ☒ Most recent board-approved operating budget (Required Attachment for PHAs that are troubled or at risk of being designated troubled ONLY)

#### Optional Attachments:

- ☒ PHA Management Organizational Chart
- ☒ FY 2000 Capital Fund Program 5 Year Action Plan
- ☐ Public Housing Drug Elimination Program (PHD) Plan
- ☒ Comments of Resident Advisory Board or Boards Attachment D
- ☒ Other **Attachment A**
- ☒ CFP Parts I, II, III, **Attachment B**
- ☒ CFP 5 Year Action Plan, **Attachment C**
- ☒ Resident Member on PHA Governing Board, **Attachment D**
- ☒ Membership on Resident Advisory Board, **Attachment E**
- ☒ Organizational Chart, **Attachment F**
- ☒ Board Approved CFP Budget, **Attachment G**
- ☒ Pet Ownership Policy

Supporting Documents Available for Review

Indicate which documents are available for public review by placing a mark in the “Applicable & On Display” column in the appropriate rows. All listed documents must be on display if applicable to the program activities conducted by the PHA.

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Applicable Plan Component</b>
<b>X</b>	PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations	5 Year and Annual Plans
<b>X</b>	State/Local Government Certification of Consistency with the Consolidated Plan	5 Year and Annual Plans
<b>X</b>	Fair Housing Documentation: Records reflecting that the PHA has examined its programs or proposed programs, identified any impediments to fair housing choice in those programs, addressed or is addressing those impediments in a reasonable fashion in view of the resources available, and worked or is working with local jurisdictions to implement any of the jurisdictions’ initiatives to affirmatively further fair housing that require the PHA’s involvement.	5 Year and Annual Plans
<b>X</b>	Consolidated Plan for the jurisdiction/s in which the PHA is located (which includes the Analysis of Impediments to Fair Housing Choice (AI)) and any additional backup data to support statement of housing needs in the jurisdiction	Annual Plan: Housing Needs
<b>X</b>	Most recent board-approved operating budget for the public housing program	Annual Plan: Financial Resources;
<b>X</b>	Public Housing Admissions and (Continued) Occupancy Policy (A&O), which includes the Tenant Selection and Assignment Plan [TSAP]	Annual Plan: Eligibility, Selection, and Admissions Policies
<b>X</b>	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies
<b>X</b>	Public Housing Deconcentration and Income Mixing Documentation: 1. PHA board certifications of compliance with deconcentration requirements (section 16(a) of the US Housing Act of 1937, as implemented in the 2/18/99 <i>Quality Housing and Work Responsibility Act Initial Guidance; Notice</i> and any further HUD guidance) and 2. Documentation of the required deconcentration and income mixing analysis	Annual Plan: Eligibility, Selection, and Admissions Policies
<b>X</b>	Public housing rent determination policies, including the methodology for setting public housing flat rents <input checked="" type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Rent Determination
<b>X</b>	Schedule of flat rents offered at each public housing development <input checked="" type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Rent Determination
<b>X</b>	Section 8 rent determination (payment standard) policies <input checked="" type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Rent Determination

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Applicable Plan Component</b>
	Administrative Plan	
<b>X</b>	Public housing management and maintenance policy documents, including policies for the prevention or eradication of pest infestation (including cockroach infestation)	Annual Plan: Operations and Maintenance
<b>X</b>	Public housing grievance procedures <input checked="" type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Grievance Procedures
<b>X</b>	Section 8 informal review and hearing procedures <input checked="" type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Grievance Procedures
<b>X</b>	The HUD-approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for the active grant year	Annual Plan: Capital Needs
<b>X</b>	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grant	Annual Plan: Capital Needs
<b>N/A</b>	Most recent, approved 5 Year Action Plan for the Capital Fund/Comprehensive Grant Program, if not included as an attachment (provided at PHA option)	Annual Plan: Capital Needs
<b>N/A</b>	Approved HOPE VI applications or, if more recent, approved or submitted HOPE VI Revitalization Plans or any other approved proposal for development of public housing	Annual Plan: Capital Needs
<b>N/A</b>	Approved or submitted applications for demolition and/or disposition of public housing	Annual Plan: Demolition and Disposition
<b>N/A</b>	Approved or submitted applications for designation of public housing (Designated Housing Plans)	Annual Plan: Designation of Public Housing
<b>N/A</b>	Approved or submitted assessments of reasonable revitalization of public housing and approved or submitted conversion plans prepared pursuant to section 202 of the 1996 HUD Appropriations Act	Annual Plan: Conversion of Public Housing
<b>N/A</b>	Approved or submitted public housing homeownership programs/plans	Annual Plan: Homeownership
<b>N/A</b>	Policies governing any Section 8 Homeownership program <input type="checkbox"/> check here if included in the Section 8 Administrative Plan	Annual Plan: Homeownership
<b>X</b>	Any cooperative agreement between the PHA and the TANF agency	Annual Plan: Community Service & Self-Sufficiency
<b>X</b>	FSS Action Plan/s for public housing and/or Section 8	Annual Plan: Community Service & Self-Sufficiency
<b>X</b>	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports	Annual Plan: Community Service & Self-Sufficiency
	The most recent Public Housing Drug Elimination Program (PHEDEP) semi-annual performance report for any open	Annual Plan: Safety and Crime Prevention

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Applicable Plan Component</b>
<b>N/A</b>	grant and most recently submitted PHDEP application (PHDEP Plan)	
<b>X</b>	The most recent fiscal year audit of the PHA conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U.S.C. 1437c(h)), the results of that audit and the PHA's response to any findings	Annual Plan: Annual Audit
<b>N/A</b>	Troubled PHAs: MOA/Recovery Plan	Troubled PHAs
<b>N/A</b>	Other supporting documents (optional) (list individually; use as many lines as necessary)	(specify as needed)

## **1. Statement of Housing Needs**

[24 CFR Part 903.7 9 (a)]

### **A. Housing Needs of Families in the Jurisdiction/s Served by the PHA**

Based upon the information contained in the Consolidated Plan/s applicable to the jurisdiction, and/or other data available to the PHA, provide a statement of the housing needs in the jurisdiction by completing the following table. In the "Overall" Needs column, provide the estimated number of renter families that have housing needs. For the remaining characteristics, rate the impact of that factor on the housing needs for each family type, from 1 to 5, with 1 being "no impact" and 5 being "severe impact." Use N/A to indicate that no information is available upon which the PHA can make this assessment.

<b>Housing Needs of Families in the Jurisdiction by Family Type</b>							
<b>Family Type</b>	<b>Overall</b>	<b>Afford-ability</b>	<b>Supply</b>	<b>Quality</b>	<b>Access-ibility</b>	<b>Size</b>	<b>Loca-tion</b>
Income <= 30% of AMI	<b>611</b>	<b>5</b>	<b>3</b>	<b>4</b>	<b>3</b>		<b>Taos County</b>
Income >30% but <=50% of AMI	<b>350</b>	<b>5</b>	<b>3</b>	<b>4</b>	<b>3</b>		<b>Taos County</b>
Income >50% but <80% of AMI	<b>442</b>	<b>4</b>	<b>5</b>	<b>4</b>	<b>2</b>		<b>Taos County</b>
Elderly							
Families with Disabilities							
Race/Hispanic	<b>1226</b>	<b>4</b>	<b>5</b>	<b>4</b>	<b>3</b>		<b>Taos County</b>
Race/White	<b>116</b>	<b>5</b>	<b>3</b>	<b>4</b>	<b>3</b>		<b>Taos County</b>
Race/Indian	<b>61</b>	<b>4</b>	<b>3</b>	<b>4</b>	<b>3</b>		<b>Taos County</b>

What sources of information did the PHA use to conduct this analysis? (Check all that apply; all materials must be made available for public inspection.)

☒ Consolidated Plan of the Jurisdiction/s

- Indicate year: 1996
- ☒ U.S. Census data: the Comprehensive Housing Affordability Strategy (“CHAS”) dataset
- ☐ American Housing Survey data
- Indicate year:
- ☐ Other housing market study
- Indicate year:
- ☐ Other sources: (list and indicate year of information)

## B. Housing Needs of Families on the Public Housing and Section 8 Tenant- Based Assistance Waiting Lists

State the housing needs of the families on the PHA’s waiting list/s. **Complete one table for each type of PHA-wide waiting list administered by the PHA.** PHAs may provide separate tables for site-based or sub-jurisdictional public housing waiting lists at their option.

Housing Needs of Families on the Waiting List			
Waiting list type: (select one)			
<input type="checkbox"/> Section 8 tenant-based assistance			
<input type="checkbox"/> Public Housing			
<input checked="" type="checkbox"/> Combined Section 8 and Public Housing			
<input type="checkbox"/> Public Housing Site-Based or sub-jurisdictional waiting list (optional)			
If used, identify which development/subjurisdiction:			
	# of families	% of total families	Annual Turnover
Waiting list total	<b>348</b>		<b>300</b>
Extremely low income <=30% AMI	<b>257</b>	<b>74%</b>	
Very low income (>30% but <=50% AMI)	<b>77</b>	<b>23%</b>	
Low income (>50% but <80% AMI)	<b>14</b>	<b>4%</b>	
Families with children	<b>211</b>	<b>61%</b>	
Elderly families	<b>24</b>	<b>7%</b>	
Families with Disabilities	<b>63</b>	<b>19%</b>	
Race/Hispanic	<b>234</b>	<b>68%</b>	
Race/White	<b>88</b>	<b>26%</b>	
Race/Indian	<b>24</b>	<b>7%</b>	
Race/Black	<b>2</b>	<b>.01%</b>	

Housing Needs of Families on the Waiting List			
Characteristics by Bedroom Size (Public Housing Only)			
1BR	120	34%	
2 BR	180	51%	
3 BR	35	10%	
4 BR	11	3%	
5 BR	2	2%	
5+ BR			
Is the waiting list closed (select one)? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes: How long has it been closed (# of months)? Does the PHA expect to reopen the list in the PHA Plan year? <input type="checkbox"/> No <input type="checkbox"/> Yes Does the PHA permit specific categories of families onto the waiting list, even if generally closed? <input type="checkbox"/> No <input type="checkbox"/> Yes			

### C. Strategy for Addressing Needs

Provide a brief description of the PHA's strategy for addressing the housing needs of families in the jurisdiction and on the waiting list **IN THE UPCOMING YEAR**, and the Agency's reasons for choosing this strategy.

#### (1) Strategies

**Need: Shortage of affordable housing for all eligible populations**

**Strategy 1. Maximize the number of affordable units available to the PHA within its current resources by:**

Select all that apply

- ☒ Employ effective maintenance and management policies to minimize the number of public housing units off-line
- ☒ Reduce turnover time for vacated public housing units
- ☒ Reduce time to renovate public housing units
- ☒ Seek replacement of public housing units lost to the inventory through mixed finance development
- ☐ Seek replacement of public housing units lost to the inventory through section 8 replacement housing resources
- ☐ Maintain or increase section 8 lease-up rates by establishing payment standards that will enable families to rent throughout the jurisdiction
- ☐ Undertake measures to ensure access to affordable housing among families assisted by the PHA, regardless of unit size required



- ☐ Maintain or increase section 8 lease-up rates by marketing the program to owners, particularly those outside of areas of minority and poverty concentration
- ☐ Maintain or increase section 8 lease-up rates by effectively screening Section 8 applicants to increase owner acceptance of program
- ☒ Participate in the Consolidated Plan development process to ensure coordination with broader community strategies
- ☐ Other (list below)

**Strategy 2: Increase the number of affordable housing units by:**

Select all that apply

- ☐ Apply for additional section 8 units should they become available
- ☒ Leverage affordable housing resources in the community through the creation of mixed - finance housing
- ☐ Pursue housing resources other than public housing or Section 8 tenant-based assistance.
- ☐ Other: (list below)

**Need: Specific Family Types: Families at or below 30% of median**

**Strategy 1: Target available assistance to families at or below 30 % of AMI**

Select all that apply

- ☐ Exceed HUD federal targeting requirements for families at or below 30% of AMI in public housing
- ☐ Exceed HUD federal targeting requirements for families at or below 30% of AMI in tenant-based section 8 assistance
- ☐ Employ admissions preferences aimed at families with economic hardships
- ☒ Adopt rent policies to support and encourage work
- ☐ Other: (list below)

**Need: Specific Family Types: Families at or below 50% of median**

**Strategy 1: Target available assistance to families at or below 50% of AMI**

Select all that apply

- ☒ Employ admissions preferences aimed at families who are working
- ☒ Adopt rent policies to support and encourage work
- ☐ Other: (list below)

**Need: Specific Family Types: The Elderly**

**Strategy 1: Target available assistance to the elderly:**

Select all that apply

- ☐ Seek designation of public housing for the elderly
- ☐ Apply for special-purpose vouchers targeted to the elderly, should they become available
- ☐ Other: (list below)

**Need: Specific Family Types: Families with Disabilities****Strategy 1: Target available assistance to Families with Disabilities:**

Select all that apply

- ☐ Seek designation of public housing for families with disabilities
- ☒ Carry out the modifications needed in public housing based on the section 504 Needs Assessment for Public Housing
- ☐ Apply for special-purpose vouchers targeted to families with disabilities, should they become available
- ☐ Affirmatively market to local non-profit agencies that assist families with disabilities
- ☐ Other: (list below)

**Need: Specific Family Types: Races or ethnicities with disproportionate housing needs****Strategy 1: Increase awareness of PHA resources among families of races and ethnicities with disproportionate needs:**

Select if applicable

- ☒ Affirmatively market to races/ethnicities shown to have disproportionate housing needs
- ☐ Other: (list below)

**Strategy 2: Conduct activities to affirmatively further fair housing**

Select all that apply

- ☐ Counsel section 8 tenants as to location of units outside of areas of poverty or minority concentration and assist them to locate those units
- ☐ Market the section 8 program to owners outside of areas of poverty /minority concentrations
- ☐ Other: (list below)

**Other Housing Needs & Strategies: (list needs and strategies below)**

Of the factors listed below, select all that influenced the PHA's selection of the strategies it will pursue:

- ☒ Funding constraints
- ☐ Staffing constraints
- ☐ Limited availability of sites for assisted housing
- ☐ Extent to which particular housing needs are met by other organizations in the community
- ☐ Evidence of housing needs as demonstrated in the Consolidated Plan and other information available to the PHA
- ☐ Influence of the housing market on PHA programs
- ☐ Community priorities regarding housing assistance
- ☐ Results of consultation with local or state government
- ☐ Results of consultation with residents and the Resident Advisory Board
- ☐ Results of consultation with advocacy groups
- ☐ Other: (list below)

**2. Statement of Financial Resources**

[24 CFR Part 903.7 9 (b)]

List the financial resources that are anticipated to be available to the PHA for the support of Federal public housing and tenant-based Section 8 assistance programs administered by the PHA during the Plan year. Note: the table assumes that Federal public housing or tenant based Section 8 assistance grant funds are expended on eligible purposes; therefore, uses of these funds need not be stated. For other funds, indicate the use for those funds as one of the following categories: public housing operations, public housing capital improvements, public housing safety/security, public housing supportive services, Section 8 tenant-based assistance, Section 8 supportive services or other.

<b>Financial Resources: Planned Sources and Uses</b>		
<b>Sources</b>	<b>Planned \$</b>	<b>Planned Uses</b>
<b>1. Federal Grants (FY 2000 grants)</b>		
a) Public Housing Operating Fund	<b>\$113,087</b>	<b>Admin/Operations</b>
b) Public Housing Capital Fund	<b>\$217,639</b>	<b>Projects 911, 912, 913</b>
c) HOPE VI Revitalization		
d) HOPE VI Demolition		
e) Annual Contributions for Section 8 Tenant-Based Assistance	<b>\$1,692,468</b> <b>\$109,417</b>	<b>Vouchers</b> <b>Certificates</b>
f) Public Housing Drug Elimination Program (including any Technical Assistance funds)	<b>\$25,000</b>	<b>Prevention</b> <b>Intervention/Security</b> <b>Improvements</b>
g) Resident Opportunity and Self-Sufficiency Grants		
h) Community Development Block Grant		

<b>Financial Resources: Planned Sources and Uses</b>		
<b>Sources</b>	<b>Planned \$</b>	<b>Planned Uses</b>
i) HOME		
Other Federal Grants (list below)		
<b>FSS Program FYE 6/30/2001</b>	<b>\$26,600</b>	
<b>2. Prior Year Federal Grants (unobligated funds only) (list below)</b>		
<b>Drug Elimination Program FY1999</b>	<b>\$1,712.13</b>	
<b>3. Public Housing Dwelling Rental Income FYE 6/30/01</b>	<b>\$139,170</b>	
<b>4. Other income (list below)</b>		
<b>4. Non-federal sources (list below)</b>		
<b>Total resources</b>	<b>\$2,325,093.13</b>	

### **3. PHA Policies Governing Eligibility, Selection, and Admissions**

[24 CFR Part 903.7 9 (c)]

#### **A. Public Housing**

Exemptions: PHAs that do not administer public housing are not required to complete subcomponent 3A.

##### **(1) Eligibility**

a. When does the PHA verify eligibility for admission to public housing? (select all that apply)

- ☐ When families are within a certain number of being offered a unit: (state number)
- ☐ When families are within a certain time of being offered a unit: (state time)
- ☐ Other: (describe)

b. Which non-income (screening) factors does the PHA use to establish eligibility for admission to public housing (select all that apply)?

- ☒ Criminal or Drug-related activity
- ☒ Rental history
- ☒ Housekeeping
- ☐ Other (describe)

c. ☒ Yes ☐ No: Does the PHA request criminal records from local law enforcement agencies for screening purposes?

d. ☒ Yes ☐ No: Does the PHA request criminal records from State law enforcement agencies for screening purposes?

e. ☐ Yes ☒ No: Does the PHA access FBI criminal records from the FBI for screening purposes? (either directly or through an NCIC-authorized source)

## **(2)Waiting List Organization**

a. Which methods does the PHA plan to use to organize its public housing waiting list (select all that apply)

- ☒ Community-wide list
- ☐ Sub-jurisdictional lists
- ☐ Site-based waiting lists
- ☐ Other (describe)

b. Where may interested persons apply for admission to public housing?

- ☒ PHA main administrative office
- ☐ PHA development site management office
- ☐ Other (list below)

c. If the PHA plans to operate one or more site-based waiting lists in the coming year, answer each of the following questions; if not, skip to subsection **(3) Assignment**

1. How many site-based waiting lists will the PHA operate in the coming year?

2. ☐ Yes ☐ No: Are any or all of the PHA's site-based waiting lists new for the upcoming year (that is, they are not part of a previously-HUD-approved site based waiting list plan)?  
If yes, how many lists?

3. ☐ Yes ☐ No: May families be on more than one list simultaneously  
If yes, how many lists?

4. Where can interested persons obtain more information about and sign up to be on the site-based waiting lists (select all that apply)?

- ☐ PHA main administrative office

- ☐ All PHA development management offices
- ☐ Management offices at developments with site-based waiting lists
- ☐ At the development to which they would like to apply
- ☐ Other (list below)

### **(3) Assignment**

a. How many vacant unit choices are applicants ordinarily given before they fall to the bottom of or are removed from the waiting list? (select one)

- ☒ One
- ☐ Two
- ☐ Three or More

b. ☒ Yes ☐ No: Is this policy consistent across all waiting list types?

c. If answer to b is no, list variations for any other than the primary public housing waiting list/s for the PHA:

### **(4) Admissions Preferences**

a. Income targeting:

☐ Yes ☒ No: Does the PHA plan to exceed the federal targeting requirements by targeting more than 40% of all new admissions to public housing to families at or below 30% of median area income?

b. Transfer policies:

In what circumstances will transfers take precedence over new admissions? (list below)

- ☒ Emergencies
- ☒ Over housed
- ☒ Under housed
- ☒ Medical justification
- ☒ Administrative reasons determined by the PHA (e.g., to permit modernization work)
- ☐ Resident choice: (state circumstances below)
- ☐ Other: (list below)

c. Preferences

1. ☐ Yes ☒ No: Has the PHA established preferences for admission to public housing (other than date and time of application)? (If “no” is selected, skip to subsection **(5) Occupancy**)

2. Which of the following admission preferences does the PHA plan to employ in the coming year? (select all that apply from either former Federal preferences or other preferences)

Former Federal preferences:

- ☐ Involuntary Displacement (Disaster, Government Action, Action of Housing Owner, Inaccessibility, Property Disposition)
- ☐ Victims of domestic violence
- ☐ Substandard housing
- ☐ Homelessness
- ☐ High rent burden (rent is > 50 percent of income)

Other preferences: (select below)

- ☐ Working families and those unable to work because of age or disability
- ☐ Veterans and veterans' families
- ☐ Residents who live and/or work in the jurisdiction
- ☐ Those enrolled currently in educational, training, or upward mobility programs
- ☐ Households that contribute to meeting income goals (broad range of incomes)
- ☐ Households that contribute to meeting income requirements (targeting)
- ☐ Those previously enrolled in educational, training, or upward mobility programs
- ☐ Victims of reprisals or hate crimes
- ☐ Other preference(s) (list below)

3. If the PHA will employ admissions preferences, please prioritize by placing a "1" in the space that represents your first priority, a "2" in the box representing your second priority, and so on. If you give equal weight to one or more of these choices (either through an absolute hierarchy or through a point system), place the same number next to each. That means you can use "1" more than once, "2" more than once, etc.

Date and Time

Former Federal preferences:

- Involuntary Displacement (Disaster, Government Action, Action of Housing Owner, Inaccessibility, Property Disposition)
- Victims of domestic violence
- Substandard housing
- Homelessness
- High rent burden

Other preferences (select all that apply)

- ☐ Working families and those unable to work because of age or disability
- ☐ Veterans and veterans' families
- ☐ Residents who live and/or work in the jurisdiction
- ☐ Those enrolled currently in educational, training, or upward mobility programs
- ☐ Households that contribute to meeting income goals (broad range of incomes)
- ☐ Households that contribute to meeting income requirements (targeting)

- ☐ Those previously enrolled in educational, training, or upward mobility programs
- ☐ Victims of reprisals or hate crimes
- ☐ Other preference(s) (list below)

4. Relationship of preferences to income targeting requirements:

- ☐ The PHA applies preferences within income tiers
- ☐ Not applicable: the pool of applicant families ensures that the PHA will meet income targeting requirements

**(5) Occupancy**

a. What reference materials can applicants and residents use to obtain information about the rules of occupancy of public housing (select all that apply)

- ☒ The PHA-resident lease
- ☒ The PHA's Admissions and (Continued) Occupancy policy
- ☒ PHA briefing seminars or written materials
- ☐ Other source (list)

b. How often must residents notify the PHA of changes in family composition? (select all that apply)

- ☒ At an annual reexamination and lease renewal
- ☒ Any time family composition changes
- ☒ At family request for revision
- ☐ Other (list)

**(6) Deconcentration and Income Mixing**

a. ☒ Yes ☐ No: Did the PHA's analysis of its family (general occupancy) developments to determine concentrations of poverty indicate the need for measures to promote deconcentration of poverty or income mixing?

b. ☒ Yes ☐ No: Did the PHA adopt any changes to its **admissions policies** based on the results of the required analysis of the need to promote deconcentration of poverty or to assure income mixing?

c. If the answer to b was yes, what changes were adopted? (select all that apply)

- ☐ Adoption of site based waiting lists  
If selected, list targeted developments below:
- ☒ Employing waiting list "skipping" to achieve deconcentration of poverty or income mixing goals at targeted developments  
If selected, list targeted developments below:
- ☐ Employing new admission preferences at targeted developments  
If selected, list targeted developments below:



☒ Other  
First Come First Served

d. ☒ Yes ☐ No: Did the PHA adopt any changes to **other** policies based on the results of the required analysis of the need for deconcentration of poverty and income mixing?

e. If the answer to d was yes, how would you describe these changes? (select all that apply)

- ☒ Additional affirmative marketing  
☒ Actions to improve the marketability of certain developments  
☒ Adoption or adjustment of ceiling rents for certain developments  
☒ Adoption of rent incentives to encourage deconcentration of poverty and income-mixing  
☐ Other (list below)

f. Based on the results of the required analysis, in which developments will the PHA make special efforts to attract or retain higher-income families? (select all that apply)

- ☐ Not applicable: results of analysis did not indicate a need for such efforts  
☒ List  
Need more applicants at a higher rate and decrease the vacancy rate

g. Based on the results of the required analysis, in which developments will the PHA make special efforts to assure access for lower-income families? (select all that apply)

- ☐ Not applicable: results of analysis did not indicate a need for such efforts  
☐ List (any applicable) developments below:

## B. Section 8

Exemptions: PHAs that do not administer section 8 are not required to complete sub-component 3B.

**Unless otherwise specified, all questions in this section apply only to the tenant-based section 8 assistance program (vouchers, and until completely merged into the voucher program, certificates).**

### (1) Eligibility

a. What is the extent of screening conducted by the PHA? (select all that apply)

- ☒ Criminal or drug-related activity only to the extent required by law or regulation  
☐ Criminal and drug-related activity, more extensively than required by law or regulation  
☐ More general screening than criminal and drug-related activity (list factors below)  
☐ Other (list below)

- b. ☐ Yes ☒ No: Does the PHA request criminal records from local law enforcement agencies for screening purposes?
- c. ☐ Yes ☒ No: Does the PHA request criminal records from State law enforcement agencies for screening purposes?
- d. ☐ Yes ☒ No: Does the PHA access FBI criminal records from the FBI for screening purposes? (either directly or through an NCIC-authorized source)
- e. Indicate what kinds of information you share with prospective landlords? (select all that apply)
- ☐ Criminal or drug-related activity
- ☐ Other (describe below)

### **(2) Waiting List Organization**

- a. With which of the following program waiting lists is the section 8 tenant-based assistance waiting list merged? (select all that apply)
- ☒ None
- ☐ Federal public housing
- ☐ Federal moderate rehabilitation
- ☐ Federal project-based certificate program
- ☐ Other federal or local program (list below)
- b. Where may interested persons apply for admission to section 8 tenant-based assistance? (select all that apply)
- ☒ PHA main administrative office
- ☐ Other (list below)

### **(3) Search Time**

- a. ☒ Yes ☐ No: Does the PHA give extensions on standard 60-day period to search for a unit?

If yes, state circumstances below:

The PHA will grant an extension upon written request by Resident.

### **(4) Admissions Preferences**

- a. Income targeting

- ☐ Yes ☒ No: Does the PHA plan to exceed the federal targeting requirements by targeting more than 75% of all new admissions to the section 8 program to families at or below 30% of median area income?

b. Preferences

1. ☐ Yes ☒ No: Has the PHA established preferences for admission to section 8 tenant-based assistance? (other than date and time of application) (if no, skip to subcomponent **(5) Special purpose section 8 assistance programs**)

1. Which of the following admission preferences does the PHA plan to employ in the coming year?

Other preferences (select all that apply)

- ☐ Working families and those unable to work because of age or disability
- ☐ Veterans and veterans' families
- ☐ Residents who live and/or work in your jurisdiction
- ☐ Those enrolled currently in educational, training, or upward mobility programs
- ☐ Households that contribute to meeting income goals (broad range of incomes)
- ☐ Households that contribute to meeting income requirements (targeting)
- ☐ Those previously enrolled in educational, training, or upward mobility programs
- ☐ Victims of reprisals or hate crimes
- ☐ Other preference(s) (list below)

3. If the PHA will employ admissions preferences, please prioritize by placing a "1" in the space that represents your first priority, a "2" in the box representing your second priority, and so on. If you give equal weight to one or more of these choices (either through an absolute hierarchy or through a point system), place the same number next to each. That means you can use "1" more than once, "2" more than once, etc.

Date and Time

Other preferences (select all that apply)

- ☐ Working families and those unable to work because of age or disability
- ☐ Veterans and veterans' families
- ☐ Residents who live and/or work in your jurisdiction
- ☐ Those enrolled currently in educational, training, or upward mobility programs
- ☐ Households that contribute to meeting income goals (broad range of incomes)
- ☐ Households that contribute to meeting income requirements (targeting)
- ☐ Those previously enrolled in educational, training, or upward mobility programs
- ☐ Victims of reprisals or hate crimes
- ☐ Other preference(s) (list below)

4. Among applicants on the waiting list with equal preference status, how are applicants selected? (select one)

- ☐ Date and time of application
- ☐ Drawing (lottery) or other random choice technique

5. If the PHA plans to employ preferences for “residents who live and/or work in the jurisdiction” (select one)

- ☐ This preference has previously been reviewed and approved by HUD  
☐ The PHA requests approval for this preference through this PHA Plan

6. Relationship of preferences to income targeting requirements: (select one)

- ☐ The PHA applies preferences within income tiers  
☐ Not applicable: the pool of applicant families ensures that the PHA will meet income targeting requirements

#### **(5) Special Purpose Section 8 Assistance Programs**

a. In which documents or other reference materials are the policies governing eligibility, selection, and admissions to any special-purpose section 8 program administered by the PHA contained? (select all that apply)

- ☐ The Section 8 Administrative Plan  
☐ Briefing sessions and written materials  
☐ Other (list below)

b. How does the PHA announce the availability of any special-purpose section 8 programs to the public?

- ☐ Through published notices  
☐ Other

#### **4. PHA Rent Determination Policies**

[24 CFR Part 903.7 9 (d)]

##### **A. Public Housing**

Exemptions: PHAs that do not administer public housing are not required to complete sub-component 4A.

##### **(1) Income Based Rent Policies**

Describe the PHA’s income based rent setting policy/ies for public housing using, including discretionary (that is, not required by statute or regulation) income disregards and exclusions, in the appropriate spaces below.

a. Use of discretionary policies: (select one)

- ☐ The PHA will not employ any discretionary rent-setting policies for income based rent in public housing. Income-based rents are set at the higher of 30% of adjusted monthly income, 10% of unadjusted monthly income, the welfare rent, or minimum rent (less HUD mandatory deductions and exclusions). (If selected, skip to sub-component (2))

---or---

- ☒ The PHA employs discretionary policies for determining income based rent (If selected, continue to question b.)

b. Minimum Rent

1. What amount best reflects the PHA's minimum rent? (select one)

- ☐ \$0  
☐ \$1-\$25  
☒ \$50

2. ☒ Yes ☐ No: Has the PHA adopted any discretionary minimum rent hardship exemption policies?

1. If yes to question 2, list these policies below:

The Taos County Housing Authority has set the minimum rent at \$50.00. However if the family requests a hardship exemption, the Taos County Housing Authority will immediately suspend the minimum rent for the family until the Housing Authority can determine whether the hardship exists and whether the hardship is of a temporary or long-term nature.

A. A hardship exists in the following circumstances:

1. When the family has lost eligibility for or is waiting an eligibility determination for a Federal, State, or local assistance program;
2. When the family would be evicted as a result of the imposition of the minimum rent requirement;
3. When the income of the family has decreased because of changed circumstances, including loss of employment;
4. When the family has an increase in expenses because of changed circumstances, for medical costs, childcare, transportation, education, or similar items;
5. When a death has occurred in the family.

B. No hardship. If the Housing Authority determines there is no qualifying hardship, the minimum rent will be reinstated, including requiring back payment of minimum rent for the time of suspension.

- C. Temporary hardship. If the Housing Authority reasonably determines that there is a qualifying hardship but that it is of a temporary nature, the minimum rent will not be imposed for a period of 90 days from the date of the family's request. At the end of the 90-day period, the minimum rent will be imposed retroactively to the time of suspension. The Housing Authority will offer a repayment agreement in accordance with the Section 19 of this policy for any rent not paid during the period of suspension. During the suspension period the Housing Authority will not evict the family for nonpayment of the amount of tenant rent owed for the suspension period.
1. Long-term hardship. If the Housing Authority determines there is a long-term hardship, the family will be exempt from the minimum rent requirement until the hardship no longer exists.
  2. A welfare agency may reduce welfare benefit payments to sanction a family for noncompliance with welfare self-sufficiency requirements. The 1998 Public Housing Reform Act provides that the rental contribution of a family assisted in the public housing or tenant based assistance programs "may not be decreased" if welfare benefits are reduced for this reason. The law requires that family income include the amount of the welfare benefits that would have been paid if not for the welfare agency sanction. Therefore, the family rental contribution is not decreased because of the welfare sanction.
  3. The 1998 Public Housing Reform Act provides that the PHA must count imputed welfare income of a covered family only after the PHA receives notice from the welfare agency. The PHA bases its imputed welfare reduction amount from information provided by a welfare agency.

Appeals. The family may use the grievance procedure to appeal the Housing Authority's determination regarding the hardship. No escrow deposit will be required in order to access the grievance procedure.

c. Rents set at less than 30% than adjusted income

1. ☒ Yes ☐ No: Does the PHA plan to charge rents at a fixed amount or percentage less than 30% of adjusted income?
2. If yes to above, list the amounts or percentages charged and the circumstances under which these will be used below:
- d. Which of the discretionary (optional) deductions and/or exclusions policies does the PHA plan to employ (select all that apply)
- ☒ For the earned income of a previously unemployed household member

- ☐ For increases in earned income
- ☒ Fixed amount (other than general rent-setting policy)  
If yes, state amount/s and circumstances below:
- ☐ Fixed percentage (other than general rent-setting policy)  
If yes, state percentage/s and circumstances below:
- ☐ For household heads
- ☐ For other family members
- ☐ For transportation expenses
- ☐ For the non-reimbursed medical expenses of non-disabled or non-elderly families
- ☐ Other (describe below)

e. Ceiling rents

1. Do you have ceiling rents? (rents set at a level lower than 30% of adjusted income) (select one)

- ☐ Yes for all developments
- ☐ Yes but only for some developments
- ☒ No

2. For which kinds of developments are ceiling rents in place? (select all that apply)

- ☐ For all developments
- ☐ For all general occupancy developments (not elderly or disabled or elderly only)
- ☐ For specified general occupancy developments
- ☐ For certain parts of developments; e.g., the high-rise portion
- ☐ For certain size units; e.g., larger bedroom sizes
- ☐ Other (list below)

3. Select the space or spaces that best describe how you arrive at ceiling rents (select all that apply)

- ☐ Market comparability study
- ☐ Fair market rents (FMR)
- ☐ 95<sup>th</sup> percentile rents
- ☐ 75 percent of operating costs
- ☐ 100 percent of operating costs for general occupancy (family) developments
- ☐ Operating costs plus debt service
- ☐ The "rental value" of the unit
- ☐ Other (list below)

f. Rent re-determinations:

1. Between income reexaminations, how often must tenants report changes in income or family composition to the PHA such that the changes result in an adjustment to rent? (select all that apply)
- ☐ Never
- ☒ At family option
- ☒ Any time the family experiences an income increase
- ☐ Any time a family experiences an income increase above a threshold amount or percentage: (if selected, specify threshold)\_\_\_\_\_
- ☐ Other (list below)
- g. ☐ Yes ☐ No: Does the PHA plan to implement individual savings accounts for residents (ISAs) as an alternative to the required 12 month disallowance of earned income and phasing in of rent increases in the next year?

## **(2) Flat Rents**

1. In setting the market-based flat rents, what sources of information did the PHA use to establish comparability? (select all that apply.)
- ☒ The section 8 rent reasonableness study of comparable housing
- ☐ Survey of rents listed in local newspaper
- ☐ Survey of similar unassisted units in the neighborhood
- ☐ Other (list/describe below)

## **B. Section 8 Tenant-Based Assistance**

Exemptions: PHAs that do not administer Section 8 tenant-based assistance are not required to complete sub-component 4B. **Unless otherwise specified, all questions in this section apply only to the tenant-based section 8 assistance program (vouchers, and until completely merged into the voucher program, certificates).**

### **(1) Payment Standards**

Describe the voucher payment standards and policies.

- a. What is the PHA's payment standard? (select the category that best describes your standard)
- ☐ At or above 90% but below 100% of FMR
- ☒ 100% of FMR
- ☐ Above 100% but at or below 110% of FMR
- ☐ Above 110% of FMR (if HUD approved; describe circumstances below)
- b. If the payment standard is lower than FMR, why has the PHA selected this standard? (select all that apply)
- ☐ FMRs are adequate to ensure success among assisted families in the PHA's segment of the FMR area



- ☐ The PHA has chosen to serve additional families by lowering the payment standard
- ☐ Reflects market or submarket
- ☐ Other (list below)

c. If the payment standard is higher than FMR, why has the PHA chosen this level? (select all that apply)

- ☐ FMRs are not adequate to ensure success among assisted families in the PHA's segment of the FMR area
- ☐ Reflects market or submarket
- ☐ To increase housing options for families
- ☐ Other (list below)

d. How often are payment standards reevaluated for adequacy? (select one)

- ☒ Annually
- ☐ Other (list below)

e. What factors will the PHA consider in its assessment of the adequacy of its payment standard? (select all that apply)

- ☒ Success rates of assisted families
- ☒ Rent burdens of assisted families
- ☐ Other (list below)

## **(2) Minimum Rent**

a. What amount best reflects the PHA's minimum rent? (select one)

- ☐ \$0
- ☐ \$1-\$25
- ☒ \$50

b. ☒ Yes ☐ No: Has the PHA adopted any discretionary minimum rent hardship exemption policies?

The Taos County Housing Authority has set the minimum rent at \$50.00. However if the family requests a hardship exemption, the Taos County Housing Authority will immediately suspend the minimum rent for the family until the Housing Authority can determine whether the hardship exists and whether the hardship is of a temporary or long-term nature.

A. A hardship exists in the following circumstances:

1. When the family has lost eligibility for or is waiting an eligibility determination for a Federal, State, or local assistance program;

2. When the family would be evicted as a result of the imposition of the minimum rent requirement;
  3. When the income of the family has decreased because of changed circumstances, including loss of employment;
  4. When the family has an increase in expenses because of changed circumstances, for medical costs, childcare, transportation, education, or similar items;
  5. When a death has occurred in the family.
- B. No hardship. If the Housing Authority determines there is no qualifying hardship, the minimum rent will be reinstated, including requiring back payment of minimum rent for the time of suspension.
- C. Temporary hardship. If the Housing Authority reasonably determines that there is a qualifying hardship but that it is of a temporary nature, the minimum rent will not be imposed for a period of 90 days from the date of the family's request. At the end of the 90-day period, the minimum rent will be imposed retroactively to the time of suspension. The Housing Authority will offer a repayment agreement in accordance with the Section 19 of this policy for any rent not paid during the period of suspension. During the suspension period the Housing Authority will not evict the family for nonpayment of the amount of tenant rent owed for the suspension period.
1. Long-term hardship. If the Housing Authority determines there is a long-term hardship, the family will be exempt from the minimum rent requirement until the hardship no longer exists.
  2. A welfare agency may reduce welfare benefit payments to sanction a family for noncompliance with welfare self-sufficiency requirements. The 1998 Public Housing Reform Act provides that the rental contribution of a family assisted in the public housing or tenant based assistance programs "may not be decreased" if welfare benefits are reduced for this reason. The law requires that family income include the amount of the welfare benefits that would have been paid if not for the welfare agency sanction. Therefore, the family rental contribution is not decreased because of the welfare sanction.
  3. The 1998 Public Housing Reform Act provides that the PHA must count imputed welfare income of a covered family only after the PHA receives notice from the welfare agency. The PHA bases

its imputed welfare reduction amount from information provided by a welfare agency.

Appeals. The family may use the grievance procedure to appeal the Housing Authority's determination regarding the hardship. No escrow deposit will be required in order to access the grievance procedure.

## **5. Operations and Management**

[24 CFR Part 903.7 9 (e)]

Exemptions from Component 5: High performing and small PHAs are not required to complete this section. Section 8 only PHAs must complete parts A, B, and C(2)

### **A. PHA Management Structure**

Describe the PHA's management structure and organization.

(select one)

- ☒ An organization chart showing the PHA's management structure and organization is attached as attachment E
- ☐ A brief description of the management structure and organization of the PHA follows:

### **B. HUD Programs Under PHA Management**

List Federal programs administered by the PHA, number of families served at the beginning of the upcoming fiscal year, and expected turnover in each. (Use "NA" to indicate that the PHA does not operate any of the programs listed below.)

<b>Program Name</b>	<b>Units or Families Served at Year Beginning</b>	<b>Expected Turnover</b>
Public Housing	<b>86</b>	<b>31</b>
Section 8 Vouchers	<b>157</b>	<b>36</b>
Section 8 Certificates	<b>58</b>	<b>1</b>
Section 8 Mod Rehab		
Special Purpose Section 8 Certificates/Vouchers (list individually)		
Public Housing Drug Elimination Program (PHDEP)	<b>86</b>	<b>0</b>
Other Federal Programs (list individually)		
FSS Program	<b>65</b>	<b>0</b>

### C. Management and Maintenance Policies

List the PHA's public housing management and maintenance policy documents, manuals and handbooks that contain the Agency's rules, standards, and policies that govern maintenance and management of public housing, including a description of any measures necessary for the prevention or eradication of pest infestation (which includes cockroach infestation) and the policies governing Section 8 management.

(1) Public Housing Maintenance and Management: (list below)

Admission and Continued Occupancy Policy  
Maintenance Policy  
Community Service Requirement Policy  
Pet Policy  
Pest Policy

1. Section 8 Management:  
Section 8 Administrative Plan

### 6. PHA Grievance Procedures

[24 CFR Part 903.7 9 (f)]

Exemptions from component 6: High performing PHAs are not required to complete component 6. Section 8-Only PHAs are exempt from sub-component 6A.

#### A. Public Housing

1. ☐ Yes ☒ No: Has the PHA established any written grievance procedures in addition to federal requirements found at 24 CFR Part 966, Subpart B, for residents of public housing?

If yes, list additions to federal requirements below:

2. Which PHA office should residents or applicants to public housing contact to initiate the PHA grievance process? (select all that apply)

- ☒ PHA main administrative office  
☐ PHA development management offices  
☐ Other (list below)

#### B. Section 8 Tenant-Based Assistance

1. ☐ Yes ☒ No: Has the PHA established informal review procedures for applicants to the Section 8 tenant-based assistance program and informal hearing procedures for families assisted by the Section 8 tenant-based assistance program in addition to federal requirements found at 24 CFR 982?

If yes, list additions to federal requirements below:

2. Which PHA office should applicants or assisted families contact to initiate the informal review and informal hearing processes? (select all that apply)

- ☒ PHA main administrative office  
☐ Other (list below)

## **7. Capital Improvement Needs**

[24 CFR Part 903.7 9 (g)]

Exemptions from Component 7: Section 8 only PHAs are not required to complete this component and may skip to Component 8.

### **A. Capital Fund Activities**

Exemptions from sub-component 7A: PHAs that will not participate in the Capital Fund Program may skip to component 7B. All other PHAs must complete 7A as instructed.

#### **(1) Capital Fund Program Annual Statement**

Using parts I, II, and III of the Annual Statement for the Capital Fund Program (CFP), identify capital activities the PHA is proposing for the upcoming year to ensure long-term physical and social viability of its public housing developments. This statement can be completed by using the CFP Annual Statement tables provided in the table library at the end of the PHA Plan template **OR**, at the PHA's option, by completing and attaching a properly updated HUD-52837.

Select one:

- ☒ The Capital Fund Program Annual Statement is provided as an attachment to the PHA Plan at Attachment F

-or-

- ☐ The Capital Fund Program Annual Statement is provided below: (if selected, copy the CFP Annual Statement from the Table Library and insert here)

#### **(2) 5-Year Action Plan**

Agencies are encouraged to include a 5-Year Action Plan covering capital work items. This statement can be completed by using the 5 Year Action Plan table provided in the table library at the end of the PHA Plan template **OR** by completing and attaching a properly updated HUD-52834.

a. ☒ Yes ☐ No: Is the PHA providing a 5-Year Action Plan for the Capital Fund?

b. If yes to question a, select one:

- ☒ The Capital Fund Program 5-Year Action Plan is provided as an attachment to the PHA Plan at Attachment B

-or-

- ☐ The Capital Fund Program 5-Year Action Plan is provided below: (if selected, copy the CFP optional 5 Year Action Plan from the Table Library and insert here)

## B. HOPE VI and Public Housing Development and Replacement Activities (Non-Capital Fund)

Applicability of sub-component 7B: All PHAs administering public housing. Identify any approved HOPE VI and/or public housing development or replacement activities not described in the Capital Fund Program Annual Statement.

- ☐ Yes ☒ No: a) Has the PHA received a HOPE VI revitalization grant? (if no, skip to question c; if yes, provide responses to question b for each grant, copying and completing as many times as necessary)
- b) Status of HOPE VI revitalization grant (complete one set of questions for each grant)

1. Development name:
2. Development (project) number:
3. Status of grant: (select the statement that best describes the current status)

- ☐ Revitalization Plan under development
- ☐ Revitalization Plan submitted, pending approval
- ☐ Revitalization Plan approved
- ☐ Activities pursuant to an approved Revitalization Plan underway

- ☐ Yes ☐ No: c) Does the PHA plan to apply for a HOPE VI Revitalization grant in the Plan year?
- If yes, list development name/s below:

- ☐ Yes ☐ No: d) Will the PHA be engaging in any mixed -finance development activities for public housing in the Plan year?
- If yes, list developments or activities below:

- ☐ Yes ☐ No: e) Will the PHA be conducting any other public housing development or replacement activities not discussed in the Capital Fund Program Annual Statement?
- If yes, list developments or activities below:

## 8. Demolition and Disposition

[24 CFR Part 903.7 9 (h)]

Applicability of component 8: Section 8 only PHAs are not required to complete this section.

1. ☐ Yes ☒ No: Does the PHA plan to conduct any demolition or disposition activities (pursuant to section 18 of the U.S. Housing Act of 1937 (42 U.S.C. 1437p)) in the plan Fiscal Year? (If "No", skip to component 9; if "yes", complete one activity description for each development.)

## 2. Activity Description

- ☐ Yes ☐ No: Has the PHA provided the activities description information in the **optional** Public Housing Asset Management Table? (If “yes”, skip to component 9. If “No”, complete the Activity Description table below.)

Demolition/Disposition Activity Description
1a. Development name:
1b. Development (project) number:
2. Activity type: Demolition <input type="checkbox"/> Disposition <input type="checkbox"/>
3. Application status (select one) Approved <input type="checkbox"/> Submitted, pending approval <input type="checkbox"/> Planned application <input type="checkbox"/>
4. Date application approved, submitted, or planned for submission: (DD/MM/YY)
5. Number of units affected:
6. Coverage of action (select one) <input type="checkbox"/> Part of the development <input type="checkbox"/> Total development
7. Timeline for activity: a. Actual or projected start date of activity: b. Projected end date of activity:

## **9. Designation of Public Housing for Occupancy by Elderly Families or Families with Disabilities or Elderly Families and Families with Disabilities**

[24 CFR Part 903.7 9 (i)]

Exemptions from Component 9; Section 8 only PHAs are not required to complete this section.

1. ☐ Yes ☒ No: Has the PHA designated or applied for approval to designate or does the PHA plan to apply to designate any public housing for occupancy only by the elderly families or only by families with disabilities, or by elderly families and families with disabilities or will apply for designation for occupancy by only elderly families or only families with disabilities, or by elderly families and families with disabilities as provided by section 7 of the U.S. Housing Act of 1937 (42 U.S.C. 1437e) in the upcoming fiscal year? (If “No”, skip to component 10. If “yes”, complete one activity description for each development, unless the PHA is eligible to complete a streamlined submission; PHAs

completing streamlined submissions may skip to component 10.)

**2. Activity Description**

- ☐ Yes ☐ No: Has the PHA provided all required activity description information for this component in the **optional** Public Housing Asset Management Table? If “yes”, skip to component 10. If “No”, complete the Activity Description table below.

<b>Designation of Public Housing Activity Description</b>
1a. Development name:
1b. Development (project) number:
2. Designation type: Occupancy by only the elderly <input type="checkbox"/> Occupancy by families with disabilities <input type="checkbox"/> Occupancy by only elderly families and families with disabilities <input type="checkbox"/>
3. Application status(select one) Approved; included in the PHA’s Designation Plan <input type="checkbox"/> Submitted, pending approval <input type="checkbox"/> Planned application <input type="checkbox"/>
4. Date this designation approved, submitted, or planned for submission: <u>(DD/MM/YY)</u>
5. If approved, will this designation constitute a (select one) <input type="checkbox"/> New Designation Plan <input type="checkbox"/> Revision of a previously-approved Designation Plan?
6. Number of units affected:
7. Coverage of action (select one) <input type="checkbox"/> Part of the development <input type="checkbox"/> Total development

**10. Conversion of Public Housing to Tenant-Based Assistance**

[24 CFR Part 903.7 9 (j)]

Exemptions from Component 10; Section 8 only PHAs are not required to complete this section.

**A. Assessments of Reasonable Revitalization Pursuant to section 202 of the HUD FY 1996 HUD Appropriations Act**

1. ☐ Yes ☒ No: Have any of the PHA’s developments or portions of developments been identified by HUD or the PHA as covered under section 202 of the HUD FY 1996 HUD Appropriations Act? (If “No”, skip to component 11; if “yes”, complete one activity description for each identified development, unless eligible to complete a streamlined submission. PHAs completing streamlined submissions may skip to component 11.)



2. Activity Description

☐ Yes ☐ No: Has the PHA provided all required activity description information for this component in the **optional** Public Housing Asset Management Table? If “yes”, skip to component 11. If “No”, complete the Activity Description table below.

Conversion of Public Housing Activity Description
1a. Development name: 1b. Development (project) number:
2. What is the status of the required assessment? <input type="checkbox"/> Assessment underway <input type="checkbox"/> Assessment results submitted to HUD <input type="checkbox"/> Assessment results approved by HUD (if marked, proceed to next question) <input type="checkbox"/> Other (explain below)
3. <input type="checkbox"/> Yes <input type="checkbox"/> No: Is a Conversion Plan required? (If yes, go to block 4; if no, go to block 5.)
4. Status of Conversion Plan (select the statement that best describes the current status) <input type="checkbox"/> Conversion Plan in development <input type="checkbox"/> Conversion Plan submitted to HUD on: (DD/MM/YYYY) <input type="checkbox"/> Conversion Plan approved by HUD on: (DD/MM/YYYY) <input type="checkbox"/> Activities pursuant to HUD-approved Conversion Plan underway
5. Description of how requirements of Section 202 are being satisfied by means other than conversion (select one) <input type="checkbox"/> Units addressed in a pending or approved demolition application (date submitted or approved: <input type="checkbox"/> Units addressed in a pending or approved HOPE VI demolition application (date submitted or approved: ) <input type="checkbox"/> Units addressed in a pending or approved HOPE VI Revitalization Plan (date submitted or approved: ) <input type="checkbox"/> Requirements no longer applicable: vacancy rates are less than 10 percent <input type="checkbox"/> Requirements no longer applicable: site now has less than 300 units <input type="checkbox"/> Other: (describe below)

**B. Reserved for Conversions pursuant to Section 22 of the U.S. Housing Act of 1937**

**C. Reserved for Conversions pursuant to Section 33 of the U.S. Housing Act of 1937**

## **11. Homeownership Programs Administered by the PHA**

[24 CFR Part 903.7 9 (k)]

### **A. Public Housing**

Exemptions from Component 11A: Section 8 only PHAs are not required to complete 11A.

1. ☐ Yes ☒ No: Does the PHA administer any homeownership programs administered by the PHA under an approved section 5(h) homeownership program (42 U.S.C. 1437c(h)), or an approved HOPE I program (42 U.S.C. 1437aaa) or has the PHA applied or plan to apply to administer any homeownership programs under section 5(h), the HOPE I program, or section 32 of the U.S. Housing Act of 1937 (42 U.S.C. 1437z-4). (If “No”, skip to component 11B; if “yes”, complete one activity description for each applicable program/plan, unless eligible to complete a streamlined submission due to **small PHA** or **high performing PHA** status. PHAs completing streamlined submissions may skip to component 11B.)

2. Activity Description

- ☐ Yes ☐ No: Has the PHA provided all required activity description information for this component in the **optional** Public Housing Asset Management Table? (If “yes”, skip to component 12. If “No”, complete the Activity Description table below.)

<b>Public Housing Homeownership Activity Description (Complete one for each development affected)</b>
1a. Development name:
1b. Development (project) number:
2. Federal Program authority: <input type="checkbox"/> HOPE I <input type="checkbox"/> 5(h) <input type="checkbox"/> Turnkey III <input type="checkbox"/> Section 32 of the USHA of 1937 (effective 10/1/99)
3. Application status: (select one) <input type="checkbox"/> Approved; included in the PHA’s Homeownership Plan/Program <input type="checkbox"/> Submitted, pending approval <input type="checkbox"/> Planned application
4. Date Homeownership Plan/Program approved, submitted, or planned for submission: (DD/MM/YYYY)
5. Number of units affected:
6. Coverage of action: (select one) <input type="checkbox"/> Part of the development

☐ Total development

## B. Section 8 Tenant Based Assistance

1. ☐ Yes ☒ No: Does the PHA plan to administer a Section 8 Homeownership program pursuant to Section 8(y) of the U.S.H.A. of 1937, as implemented by 24 CFR part 982 ? (If “No”, skip to component 12; if “yes”, describe each program using the table below (copy and complete questions for each program identified), unless the PHA is eligible to complete a streamlined submission due to high performer status. **High performing PHAs** may skip to component 12.)

### 2. Program Description:

#### a. Size of Program

- ☐ Yes ☐ No: Will the PHA limit the number of families participating in the section 8 homeownership option?

If the answer to the question above was yes, which statement best describes the number of participants? (select one)

- ☐ 25 or fewer participants  
☐ 26 - 50 participants  
☐ 51 to 100 participants  
☐ more than 100 participants

#### b. PHA-established eligibility criteria

- ☐ Yes ☐ No: Will the PHA’s program have eligibility criteria for participation in its Section 8 Homeownership Option program in addition to HUD criteria?

If yes, list criteria below:

## 12. PHA Community Service and Self-sufficiency Programs

[24 CFR Part 903.7 9 (l)]

Exemptions from Component 12: High performing and small PHAs are not required to complete this component. Section 8-Only PHAs are not required to complete sub-component C.

### A. PHA Coordination with the Welfare (TANF) Agency

#### 1. Cooperative agreements:

- ☒ Yes ☐ No: Has the PHA has entered into a cooperative agreement with the TANF Agency, to share information and/or target supportive services (as contemplated by section 12(d)(7) of the Housing Act of 1937)?

The PHA is in the process of establishing a Cooperative Agreement with the local TANF agency and estimates that the agreement will be signed? 15 May 2001.

2. Other coordination efforts between the PHA and TANF agency (select all that apply)

- ☒ Client referrals
- ☒ Information sharing regarding mutual clients (for rent determinations and otherwise)
- ☒ Coordinate the provision of specific social and self-sufficiency services and programs to eligible families
- ☐ Jointly administer programs
- ☐ Partner to administer a HUD Welfare-to-Work voucher program
- ☐ Joint administration of other demonstration program
- ☒ Other

The Taos County PHA will establish a cooperative agreement with the local TANF agency to provide transportation services to low income residents of the PHA.

**B. Services and programs offered to residents and participants**

**(1) General**

1. Self-Sufficiency Policies

Which, if any of the following discretionary policies will the PHA employ to enhance the economic and social self-sufficiency of assisted families in the following areas? (select all that apply)

- ☐ Public housing rent determination policies
- ☐ Public housing admissions policies
- ☐ Section 8 admissions policies
- ☐ Preference in admission to section 8 for certain public housing families
- ☐ Preferences for families working or engaging in training or education programs for non-housing programs operated or coordinated by the PHA
- ☐ Preference/eligibility for public housing homeownership option participation
- ☐ Preference/eligibility for section 8 homeownership option participation
- ☐ Other policies (list below)

b. Economic and Social self-sufficiency programs

- ☒ Yes ☐ No: Does the PHA coordinate, promote or provide any programs to enhance the economic and social self-sufficiency of residents? (If "yes", complete the following

table; if “no” skip to sub-component 2, Family Self Sufficiency Programs. The position of the table may be altered to facilitate its use. )

<b>Services and Programs</b>				
Program Name & Description (including location, if appropriate)	Estimated Size	Allocation Method (waiting list/random selection/specific criteria/other)	Access (development office / PHA main office / other provider name)	Eligibility (public housing or section 8 participants or both)
<b>Neighborhood Watch</b>	<b>83</b>		<b>TCHA</b>	<b>PHA Residents</b>
<b>Tenant Patrols</b>	<b>3</b>		<b>TCHA</b>	<b>PHA Residents</b>
<b>Drug Intervention/Education</b>	<b>5</b>		<b>TCHA</b>	<b>PHA Residents</b>

## **(2) Family Self Sufficiency program/s**

### **a. Participation Description**

<b>Family Self Sufficiency (FSS) Participation</b>		
Program	Required Number of Participants (start of FY 2000 Estimate)	Actual Number of Participants (As of: DD/MM/YY)
Public Housing	<b>20</b>	<b>07-01-2001</b>
Section 8	<b>40</b>	<b>07-01-2001</b>

- b. ☒ Yes ☐ No: If the PHA is not maintaining the minimum program size required by HUD, does the most recent FSS Action Plan address the steps the PHA plans to take to achieve at least the minimum program size?

If no, list steps the PHA will take below:

## **C. Welfare Benefit Reductions**

1. The PHA is complying with the statutory requirements of section 12(d) of the U.S. Housing Act of 1937 (relating to the treatment of income changes resulting from welfare program requirements) by: (select all that apply)

- ☒ Adopting appropriate changes to the PHA’s public housing rent determination policies and train staff to carry out those policies
- ☒ Informing residents of new policy on admission and reexamination
- ☒ Actively notifying residents of new policy at times in addition to admission and reexamination.
- ☒ Establishing or pursuing a cooperative agreement with all appropriate TANF agencies regarding the exchange of information and coordination of services
- ☒ Establishing a protocol for exchange of information with all appropriate TANF agencies
- ☐ Other: (list below)

<b>D. Reserved for Community Service Requirement pursuant to section 12(c) of the U.S. Housing Act of 1937</b>
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**TAOS COUNTY HOUSING AUTHORITY  
COMMUNITY SERVICE REQUIREMENT IMPLEMENTATION PLAN**

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The Taos County Housing Authority will implement the Community Service Requirement in two phases.

**Phase One:**

1. Drafting and Review of Proposed Community Service Requirement Policy.
2. Community Service Requirement Policy Adopted by the Housing Board of Commissioners.
3. PHA Staff and Resident Council Board Members Training and Drafting of Community Service Tasks.
4. Training Seminar for PHA Residents.
5. The Resident Council will administer the day to day administration of the Community Service Requirement Program through its ongoing Self-Sufficiency Programs such as Adult Basic Education Classes that are currently being conducted at the Community Center.
6. Contacting and Meeting with WTW/TANF Agencies Such as the New Mexico Job Works Program, New Mexico Human Services Department, and the New Mexico Income Support Division for Referral Services.

**Phase Two:**

1. Establishment of a Cooperative Agreement for Self-Sufficiency with the Resident Council, Taos County Job Works Program, New Mexico Human Services Department, New Mexico Income Support Division, and the New Mexico Department of Labor to provide Referral Services.
2. July 01, 2001 Implementation Date for Community Service Program.
3. Conduct Introduction Seminar for Resident Council Board Members and Residents Required to Participate in the Community Service Requirements.

**TAOS COUNTY HOUSING AUTHORITY  
COMMUNITY SERVICE ACTIVITIES  
OR  
SELF-SUFFICIENCY WORK ACTIVITIES POLICY**

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The Taos County Housing Authority hereby establishes a policy that complies with 24 CFR Part 5 Sections 960.600, 960.601, 960.603, 960.605, 960.607, 960.609.

**COMMUNITY SERVICE**

**Community Service** – The performance of voluntary work or duties that are a public benefit, and that serve to improve the quality of life, enhance resident self-sufficiency, or increase resident self-responsibility in the community. Community service is not employment and may not include political activities.

**EXEMPTIONS**

**An Adult who:**

1. Is sixty two (62) years or older;
2. Is blind or disabled individual, as defined under 216(i)(1) or 1614 of the Social Security Act (42 U.S.C. 416 (i) (1); 1382c), and who certifies that because of this disability she or he is unable to comply with the service provisions of this subpart, or
  1. Is the primary caretaker of such individual;
3. Is engaged in work activities;
4. Meets the requirements for being exempted from having to engage in a work activity under the State program funded under part A of title IV of the Social Security Act (42 U.S.C. 601 et seq.) or under any other welfare program of the State in which the PHA is located, including a State administered welfare-to-work program; or
5. Is a member of a family receiving assistance, benefits or services under a State program funded under part A of title IV of the Social Security Act (42 U.S.C. 601 et seq.) or under any other welfare program of the State in which the PHA is located, including a State administered welfare-to-work program, and has not been found by the State or other administering entity to be in noncompliance with such a program.

## **SERVICE REQUIREMENT**

Except for any family member who is an exempt individual, each adult resident of Public Housing must.

1. Contribute eight (8) hours per month of community service (not including political activities); or
2. Participate in an economic self-sufficiency program for eight (8) hours per month; or
3. Perform eight (8) hours per month of combined activities as described in paragraphs (1) and (2) of this section.

## **FAMILY VIOLATION OF SERVICE REQUIREMENTS**

The lease shall specify that it shall be renewed automatically for all purposes, unless the family fails to comply with the service requirement. Violation of the service requirement is grounds for non-renewal of the lease at the end of the twelve month lease term, but not for termination of tenancy during the course of the twelve month lease.

## **ADMINISTRATION OF QUALIFYING COMMUNITY SERVICE OR SELF-SUFFICIENCY ACTIVITIES FOR RESIDENTS**

4. The PHA may administer qualifying community service or economic self-sufficiency activities directly, or may make such activities available through a contractor, or through partnerships with qualified organizations, including resident organizations, and community agencies or institutions.
5. The PHA will provide the family a written description of the service requirements, and of the process for claiming status as an exempt person and for PHA verification of such status. The PHA must also notify the family of its determination identifying the family members who are subject to the service requirement, and the family members who are exempt persons.
6. The PHA will review family compliance with service requirements, and must verify such compliance annually at least thirty days before the end of the twelve month lease. If qualifying activities are administered by an organization other than the PHA, the PHA will obtain verification of family compliance from such third party.
7. The PHA will retain reasonable documentation of service requirement performance or exemption in participant files.



8. The PHA fully complies with non-discrimination and equal opportunity requirements.

### **THIRD PARTY CERTIFICATION**

If qualifying activities are administered by an organization other than the PHA's, a family member who is required to fulfill a service requirement must provide signed certification to the PHA by such other organization that the family member has performed such qualifying activities.

### **PHA NOTICE OF NONCOMPLIANCE**

If the PHA determines that there is a family member who is required to fulfill a service requirement, but who has violated this family obligation (noncompliant resident), the PHA will notify the tenant in writing of this determination.

6. The PHA notice to the tenant will:
7. Briefly describe the noncompliance
8. State that the PHA will not renew the lease at the end of the twelve month lease term unless:
9. The tenant, and any other noncompliant resident, enter into a written agreement with the PHA, in the form and manner required by the PHA, to cure such noncompliance, and in fact cure such noncompliance in accordance with such agreement; or
10. The family provides written assurance satisfactory to the PHA that the tenant or other noncompliant resident no longer resides in the unit.
11. State that the tenant may request a grievance hearing on the PHA determination, in accordance with part 966, subpart B of this chapter, and that the tenant may exercise any available judicial remedy to seek timely redress for the PHA's non-renewal of lease because of such determination.

### **TENANT AGREEMENT TO COMPLY WITH SERVICE REQUIREMENT**

If the tenant or another family member has violated the service requirement, the PHA may not renew the lease upon expiration of the term unless:

1. The tenant, and any other noncompliant resident, enter into a written agreement with the PHA, in the form and manner required by the PHA, to cure such noncompliance by completing the additional hours of

community service or economic self-sufficiency activity needed to make up the total number of hours required over the twelve-month term of the new lease, and

2. All other members of the family who are subject the service requirement are currently complying with the service requirement or are no longer residing in the unit.

## **PROHIBITION AGAINST REPLACEMENT OF A PHA EMPLOYEE**

The PHA will not substitute community service or self-sufficiency activities performed by residents for work ordinarily performed by PHA employees, or replace a job at any location where residents perform activities to satisfy the service requirements.

### **13. PHA Safety and Crime Prevention Measures**

[24 CFR Part 903.7 9 (m)]

Exemptions from Component 13: High performing and small PHAs not participating in PHDEP and Section 8 Only PHAs may skip to component 15. High Performing and small PHAs that are participating in PHDEP and are submitting a PHDEP Plan with this PHA Plan may skip to sub-component D.

#### **A. Need for measures to ensure the safety of public housing residents**

1. Describe the need for measures to ensure the safety of public housing residents (select all that apply)

- ☒ High incidence of violent and/or drug-related crime in some or all of the PHA's developments
- ☒ High incidence of violent and/or drug-related crime in the areas surrounding or adjacent to the PHA's developments
- ☒ Residents fearful for their safety and/or the safety of their children
- ☒ Observed lower-level crime, vandalism and/or graffiti
- ☒ People on waiting list unwilling to move into one or more developments due to perceived and/or actual levels of violent and/or drug-related crime
- ☐ Other (describe below)

2. What information or data did the PHA used to determine the need for PHA actions to improve safety of residents (select all that apply).

- ☒ Safety and security survey of residents
- ☒ Analysis of crime statistics over time for crimes committed "in and around" public housing authority
- ☒ Analysis of cost trends over time for repair of vandalism and removal of graffiti
- ☒ Resident reports
- ☒ PHA employee reports
- ☒ Police reports

- ☒ Demonstrable, quantifiable success with previous or ongoing anticrime/anti drug programs
- ☐ Other (describe below)

3. Which developments are most affected?  
All Sites

**B. Crime and Drug Prevention activities the PHA has undertaken or plans to undertake in the next PHA fiscal year**

1. List the crime prevention activities the PHA has undertaken or plans to undertake: (select all that apply)

- ☒ Contracting with outside and/or resident organizations for the provision of crime- and/or drug-prevention activities
- ☒ Crime Prevention Through Environmental Design
- ☒ Activities targeted to at-risk youth, adults, or seniors
- ☒ Volunteer Resident Patrol/Block Watchers Program
- ☐ Other (describe below)

12. Which developments are most affected?  
All Sites

**C. Coordination between PHA and the police**

1. Describe the coordination between the PHA and the appropriate police precincts for carrying out crime prevention measures and activities: (select all that apply)

- ☒ Police involvement in development, implementation, and/or ongoing evaluation of drug-elimination plan
- ☒ Police provide crime data to housing authority staff for analysis and action
- ☒ Police have established a physical presence on housing authority property (e.g., community policing office, officer in residence)
- ☐ Police regularly testify in and otherwise support eviction cases
- ☒ Police regularly meet with the PHA management and residents
- ☒ Agreement between PHA and local law enforcement agency for provision of above-baseline law enforcement services
- ☐ Other activities (list below)

2. Which developments are most affected? (list below)

**D. Additional information as required by PHDEP/PHDEP Plan**

PHAs eligible for FY 2000 PHDEP funds must provide a PHDEP Plan meeting specified requirements prior to receipt of PHDEP funds.

- ☒ Yes ☐ No: Is the PHA eligible to participate in the PHDEP in the fiscal year covered by this PHA Plan?
- ☒ Yes ☐ No: Has the PHA included the PHDEP Plan for FY 2000 in this PHA Plan?
- ☒ Yes ☐ No: This PHDEP Plan is an Attachment. (Attachment Filename: \_\_\_\_)

#### **14. RESERVED FOR PET POLICY**

[24 CFR Part 903.7 9 (n)]

SEE ATTCHMENT G

#### **15. Civil Rights Certifications**[24 CFR Part 903.7 9 (o)]

Civil rights certifications are included in the PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations.

#### **16. Fiscal Audit**

[24 CFR Part 903.7 9 (p)]

1. ☒ Yes ☐ No: Is the PHA required to have an audit conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U.S.C. 1437c(h))?  
(If no, skip to component 17.)
2. ☐ Yes ☒ No: Was the most recent fiscal audit submitted to HUD?  
The PHA is in the process of hiring a CPA to conduct an Audit.
3. ☐ Yes ☐ No: Were there any findings as the result of that audit?
4. ☐ Yes ☐ No: If there were any findings, do any remain unresolved?  
If yes, how many unresolved findings remain? \_\_\_\_
5. ☐ Yes ☐ No: Have responses to any unresolved findings been submitted to HUD?  
If not, when are they due (state below)?

#### **17. PHA Asset Management**

[24 CFR Part 903.7 9 (q)]

Exemptions from component 17: Section 8 Only PHAs are not required to complete this component. High performing and small PHAs are not required to complete this component.

1. ☒ Yes ☐ No: Is the PHA engaging in any activities that will contribute to the long-term asset management of its public housing stock, including how the Agency will plan for long-term operating, capital investment, rehabilitation, modernization, disposition, and other needs that have **not** been addressed elsewhere in this PHA Plan?

2. What types of asset management activities will the PHA undertake? (select all that apply)

- ☐ Not applicable
- ☐ Private management
- ☒ Development-based accounting
- ☐ Comprehensive stock assessment
- ☒ Other:  
Modernization

3. ☐ Yes ☐ No: Has the PHA included descriptions of asset management activities in the **optional** Public Housing Asset Management Table?

## **18. Other Information**

[24 CFR Part 903.7 9 (r)]

### **A. Resident Advisory Board Recommendations**

1. ☒ Yes ☐ No: Did the PHA receive any comments on the PHA Plan from the Resident Advisory Board/s?
2. If yes, the comments are: (if comments were received, the PHA **MUST** select one)
  - ☒ Attached at Attachment D.
  - ☐ Provided below:
3. In what manner did the PHA address those comments? (select all that apply)
  - ☐ Considered comments, but determined that no changes to the PHA Plan were necessary.
  - ☐ The PHA changed portions of the PHA Plan in response to comments  
List changes below:
  - ☐ Other: (list below)

### **B. Description of Election process for Residents on the PHA Board**

1. ☐ Yes ☒ No: Does the PHA meet the exemption criteria provided section 2(b)(2) of the U.S. Housing Act of 1937? (If no, continue to question 2; if yes, skip to sub-component C.)
2. ☐ Yes ☒ No: Was the resident who serves on the PHA Board elected by the residents? Appointed by the Chairman of the Housing Board Commissioners.

### **3. Description of Resident Election Process**

a. Nomination of candidates for place on the ballot: (select all that apply)

- ☐ Candidates were nominated by resident and assisted family organizations

- ☐ Candidates could be nominated by any adult recipient of PHA assistance
- ☒ Self-nomination: Candidates registered with the PHA and requested a place on ballot
- ☐ Other: (describe)

b. Eligible candidates: (select one)

- ☐ Any recipient of PHA assistance
- ☐ Any head of household receiving PHA assistance
- ☒ Any adult recipient of PHA assistance
- ☐ Any adult member of a resident or assisted family organization
- ☐ Other (list)

c. Eligible voters: (select all that apply)

- ☐ All adult recipients of PHA assistance (public housing and section 8 tenant-based assistance)
- ☐ Representatives of all PHA resident and assisted family organizations
- ☒ Other Appointed by the Chairman of the Housing Board of Commissioners.

**C. Statement of Consistency with the** For each applicable Consolidated Plan, make the following statement (copy questions as many times as necessary).

**Consolidated Plan**

1. Consolidated Plan jurisdiction: (provide name here)
2. The PHA has taken the following steps to ensure consistency of this PHA Plan with the Consolidated Plan for the jurisdiction: (select all that apply)
  - ☒ The PHA has based its statement of needs of families in the jurisdiction on the needs expressed in the Consolidated Plan/s.
  - ☐ The PHA has participated in any consultation process organized and offered by the Consolidated Plan agency in the development of the Consolidated Plan.
  - ☐ The PHA has consulted with the Consolidated Plan agency during the development of this PHA Plan.
  - ☐ Activities to be undertaken by the PHA in the coming year are consistent with the initiatives contained in the Consolidated Plan. (list below)
  - ☐ Other: (list below)
4. The Consolidated Plan of the jurisdiction supports the PHA Plan with the following actions and commitments: (describe below)

**D. Other Information Required by HUD**

Use this section to provide any additional information requested by HUD.



# Annual Statement/Performance and Evaluation Report

## Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary

<b>PHA Name:</b> <b>Taos County Housing Authority</b>		<b>Grant Type and Number</b> Capital Fund Program: NM02P038501-00 Capital Fund Program Replacement Housing Factor Grant No:		<b>Federal FY of Grant:</b> <b>2000</b>	
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: )					
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 31December 2000 <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations				
3	1408 Management Improvements				
4	1410 Administration	\$15,200	-0-	\$15,200	-0-
5	1411 Audit				
6	1415 liquidated Damages				
7	1430 Fees and Costs	\$19,261	-0-	\$19,261	-0-
8	1440 Site Acquisition				
9	1450 Site Improvement	\$42,170	-0-	\$42,170	-0-
10	1460 Dwelling Structures	\$136,750	-0-	\$136,750	-0-
11	1465.1 Dwelling Equipment/Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1498 Mod Used for Development				



**Annual Statement/Performance and Evaluation Report****Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1:  
Summary**

<b>PHA Name:</b>  <b>Taos County Housing Authority</b>		<b>Grant Type and Number</b> Capital Fund Program: NM02P038501-00 Capital Fund Program Replacement Housing Factor Grant No:		<b>Federal FY of Grant:</b>  <b>2000</b>	
<input type="checkbox"/> <b>Original Annual Statement</b> <input type="checkbox"/> <b>Reserve for Disasters/ Emergencies</b> <input type="checkbox"/> <b>Revised Annual Statement (revision no:    )</b> <input checked="" type="checkbox"/> <b>Performance and Evaluation Report for Period Ending: 31December 2000</b> <input type="checkbox"/> <b>Final Performance and Evaluation Report</b>					
<b>Line No.</b>	<b>Summary by Development Account</b>	<b>Total Estimated Cost</b>		<b>Total Actual Cost</b>	
19	1502 Contingency				
20	Amount of Annual Grant: (sum of lines 2-19)	<b>\$213,381</b>	<b>-0-</b>	<b>\$213,381</b>	<b>-0-</b>
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Compliance				
23	Amount of line 20 Related to Security				
24	Amount of line 20 Related to Energy Conservation Measures				

**Annual Statement/Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**  
**Part II: Supporting Pages**

[illegible]



**Annual Statement/Performance and Evaluation Report****Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1:  
Summary**

<b>PHA Name:</b>  <b>Taos County Housing Authority</b>		<b>Grant Type and Number</b> Capital Fund Program: NM02P038501-01 Capital Fund Program Replacement Housing Factor Grant No:		<b>Federal FY of Grant:</b>  <b>2001</b>	
<input checked="" type="checkbox"/> <b>Original Annual Statement</b> <input type="checkbox"/> <b>Reserve for Disasters/ Emergencies</b> <input type="checkbox"/> <b>Revised Annual Statement (revision no:    )</b> <input type="checkbox"/> <b>Performance and Evaluation Report for Period Ending:</b> <input type="checkbox"/> <b>Final Performance and Evaluation Report</b>					
<b>Line No.</b>	<b>Summary by Development Account</b>	<b>Total Estimated Cost</b>		<b>Total Actual Cost</b>	
		<b>Original</b>	<b>Revised</b>	<b>Obligated</b>	<b>Expended</b>
1	Total non-CFP Funds				
2	1406 Operations	<b>\$20,000</b>			
3	1408 Management Improvements				
4	1410 Administration	<b>\$17,000</b>			
5	1411 Audit				
6	1415 liquidated Damages				
7	1430 Fees and Costs	<b>\$21,763</b>			
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	<b>\$158,876</b>			
11	1465.1 Dwelling Equipment/Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1498 Mod Used for Development				

# Annual Statement/Performance and Evaluation Report

## Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary

<b>PHA Name:</b> <b>Taos County Housing Authority</b>		<b>Grant Type and Number</b> Capital Fund Program: NM02P038501-01 Capital Fund Program Replacement Housing Factor Grant No:		<b>Federal FY of Grant:</b>  <b>2001</b>	
<input checked="" type="checkbox"/> <b>Original Annual Statement</b> <input type="checkbox"/> <b>Reserve for Disasters/ Emergencies</b> <input type="checkbox"/> <b>Revised Annual Statement (revision no:     )</b>					
<input type="checkbox"/> <b>Performance and Evaluation Report for Period Ending:</b> <input type="checkbox"/> <b>Final Performance and Evaluation Report</b>					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
19	1502 Contingency				
20	Amount of Annual Grant: (sum of lines 2-19)	<b>\$217,639</b>			
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Compliance				
23	Amount of line 20 Related to Security				
24	Amount of line 20 Related to Energy Conservation Measures				

**Annual Statement/Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**  
**Part II: Supporting Pages**

[illegible]

**Annual Statement/Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**  
**Part III: Implementation Schedule**

[illegible]

## Attachment B : 5-Year Action Plan for Capital Fund

5-Year Action Plan Tables				
Development Number	Development Name (or indicate PHA wide)	Number Vacant Units	% Vacancies in Development	
NM038	Taos County Housing Authority	-0-		
Description of Needed Physical Improvements or Management Improvements			Estimated Cost	Planned Start Date (HA Fiscal Year)
FY2002 Replace all Windows and Screens			\$129,000	FY2002
FY 2003 Replace all Exterior Doors and Exterior Screen Doors			\$142,000	FY 2003
FY 2004 Replace all Interior Bi-fold Doors and Replace Floor Tile as Needed			\$110,000	FY 2004
Total estimated cost over next 5 years			\$381,000	



**Required Attachment C: Resident Member on the PHA Governing Board**

1. ☒ Yes ☐ No: Does the PHA governing board include at least one member who is directly assisted by the PHA this year? (if no, skip to #2)
- A. Name of resident member(s) on the governing board:  
Diane Briones  
Russell Lopez
- B. How was the resident board member selected: (select one)?  
☐ Elected  
☒ Appointed
- C. The term of appointment is (include the date term expires):  
Diane Briones 2002  
Russell Lopez 2003
2. A. If the PHA governing board does not have at least one member who is directly assisted by the PHA, why not?
- ☐ the PHA is located in a State that requires the members of a governing board to be salaried and serve on a full time basis
- ☐ the PHA has less than 300 public housing units, has provided reasonable notice to the resident advisory board of the opportunity to serve on the governing board, and has not been notified by any resident of their interest to participate in the Board.
- ☐ Other (explain):
- B. Date of next term expiration of a governing board member: 2002
- C. Name and title of appointing official(s) for governing board (indicate appointing official for the next position): Rebecca Parraz

**Required Attachment D: Membership of the Resident Advisory Board or Boards**

List members of the Resident Advisory Board or Boards: (If the list would be unreasonably long, list organizations represented or otherwise provide a description sufficient to identify how members are chosen.)

Name	Organization

**Attachment: E Organization Chart**

**Attachment: F Capital Fund Grant**

**Attachment:   G   Pet Ownership Policy**

**PET OWNERSHIP POLICY**

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Residents of Taos County Public Housing Authority may own and keep pets in their dwellings. Management must approve of any animal except for caged birds, fish, and Seeing Eye or Hearing Ear Animals (Animals that provide assistance, support, or service persons with disabilities and are needed as a reasonable accommodation to such individuals, are not “common household pets.” Rather they are Assistive animals, necessary to provide the individual with an opportunity to use and enjoy the dwelling to the same extent as residents without disabilities. This exclusion applies to such animals that reside in public housing, as that term is used in §960.703, and such animals that visit these developments.

1. “Pet” includes only dogs, cats, birds, fish and small caged mammals.
2. Due to the limited size of apartments and the surrounding premises, no pet shall weigh more than 20 pounds or more than 15 inches high.

In no case shall a tenant have more than one pet in an apartment, except for fish, birds and small caged mammals.

3. The Housing Authority reserves the right to limit the number of these pets also.

Before any pet can be admitted to a dwelling unit, the Tenant must submit the following documentation to the Housing Authority:

- a. A signed statement by a licensed veterinarian, verifying that the pet is in good health, has no communicable diseases, has been immunized, and in the case of dogs and cats, has been neutered/spayed. All cats must be de-clawed.
  - b. A signed statement by the Tenant verifying that the Tenant accepts complete responsibility for the care, cleaning and financial responsibility of the pet.
2. At admission and at least annually, all pets must be registered with the Housing Authority. The registration shall take place at the annual re-examination of the Tenant’s lease, at which time the Tenant must produce proof of valid rabies shots and city license.

3. All pets must be housed in the Tenant's apartment. No facilities of any nature may be constructed, place or kept on Housing Authority property for the purpose of keeping pets.
4. All cats and dogs must be kept on a leash when not in the apartment and must be accompanied by a person able to control them.
5. All cats and dogs shall be required to wear a current city tag, a valid rabies tag, and a tag bearing the name, address and telephone number of the owner.
6. All pets other than cats and dogs must be kept in fish tanks or cages at all times.
7. No pet shall be left unattended by its owner.
8. The owner of the pet shall be financially responsible for repairs or damages due to the presence of the pet; for example, drains clogged with pet hair, damaged woodwork, walls doors or the property of other tenants, including the cost of extermination and/or deoderization.
9. A cleaning deposit shall be posted on the Housing Authority book of \$300.00 which, upon expiration of lease and/or removal of pet and inspection by the Housing Authority personnel, will be returned to the Tenant, provided there is no damage. This deposit applies only to birds, cats and dogs. Seeing eye dogs and hearing aid dogs are excluded from deposit and size requirements.
10. Containers for pet food and water must be located within the Tenant's apartment. Tenants shall not deposit food, water or table scraps outdoors. Tenants shall not feed and water stray pets.
11. The owner of every pet will be responsible for the collection and disposal of all waste left by the pet, both indoors and outdoors.
12. The Authority reserves the right to remove or to require the removal of any pet at any time for the following reasons:
  - A. Neglect or abuse of the pet.
  - B. Damage or infestation caused by the pet.
  - C. Distributing or threatening persons other than the owner, including Housing Authority employees, neighbors, Tenants, and children.

“Disturbing” includes noise, odor and allergic reactions, barking, biting, scratching and fighting with other pets.

2. Any Tenant who is required to dispose of his or her pet and does not do so shall be subject to eviction.

## **I. INTRODUCTION**

The Pet Rules and Policies for Taos County Public Housing Authority sites-Penasco, Questa and Taos, is developed in accordance with the HUD regulations published in the Federal Register on 12/1/86, With an effective date of 3/2/87.

The pet rules for project are incorporated into the policy. The rules adopted by this project are reasonably related to the legitimate interest of the Taos County Public Housing Authority (PHA) including:

The PHA’s interest in providing decent, safe and sanitary living environment for existing and prospective tenants:

Protecting and preserving the physical condition of the project; and the PHA’s financial interest in the project

The PHA shall designate the PHA Coordinator to fulfill the obligations of the project specified in this policy. Where designated, that person will fulfill the obligations called for in this policy wherever “PHA” is specified.

## **DEMONSTRATION OF ACCEPTABILITY**

### **a. MANAGEMENT APPROVAL**

Prior to a pet being accepted for keeping in an apartment designated for Elderly and/or Handicap, within the Taos County Public Housing Authority-Penasco, Questa, Taos sites, the proposed owner must prepare and submit an “Application to keep a Pet” to the PHA (Attachment No. 1-Pet Application). The Resident/Pet owner and the PHA must enter into a Pet Agreement).

In addition to executing the agreement, the Resident/Pet Owner must provide to the PHA documented proof of the proposed pet’s health, suitability and acceptability in accordance with the provisions outlined in “Standards” below.

Pets must be registered with the Taos County PHA before the pet is brought onto the project premises and annually thereafter.

Registration Includes:

Certificate signed by a licensed veterinarian that the cat or dog is in good health, has no communicable diseases or pests, and that the dog or cat is spayed or neutered.

Sufficient information to identify pet and demonstrate it as a common household pet.

Name, address, and phone number of one or more responsible parties to care for the pet if the owner dies, is incapacitated or unable to care for the pet.

Execution of a pet Agreement, stating that the tenant accepts complete responsibility for Care and Cleaning of the pet and acknowledges the applicable rules.

Pet must be licensed in accordance with applicable State and Local Laws and regulation. (Attachment No. 3 –Self determination Instrument for Pets/Pet Owners)

Registration will be coordinated with the annual re-examination date.

Approval for the keeping of a pet shall not be extended until the requirements specified above have been met, and in no event will approval of other than the common household pets be extended.

The PHA shall refuse to register pet if:

The pet is not a common household pet identified more specifically in this policy.

Keeping a pet would violate any applicable House Pet Rules.

Pet owner fails to provide complete pet registration information or fails annually to update the registration.

The PHA reasonably determines, based on the pet owner's habits and practices, that the Pet owner's habits and practices, that the pet owner will be unable to keep the pet in compliance with the pet rules and other lease obligations. The pet's temperament may be considered as a factor in determining the prospective pet owner's ability to comply with the pet rules and other lease obligations.



The PHA is required to notify the pet owner if the PHA refuses to register a pet. The notice shall state the basis for the PHA's action and shall be served in accordance with the HUD notice requirements.

The notice of refusal to register a pet may be combined with a notice of pet violation

The registration who cares for another resident's pet must notify the PHA manager and must agree to abide by all the pet rules in writing. (Attachment No. 4-Responsible Party Certification).

## **B. STANDARDS**

Common household pets as outlined below will be permitted under the following guidelines (Attachment 5-Describes Pet Obligations):

### **1. Dogs**

Maximum number-one(1)

Maximum adult weight-20 pounds

Must be housebroken

Must be spayed or neutered

Must have all required inoculations

Must be licensed as specified now or in the future by State law and local ordinance

### **2. Cats**

Maximum number-one(1)

Must be de-clawed

Must be spayed or neutered

Must have all required inoculations

Must be trained to use a litter box or other waste receptacle.

Must be licensed as specified now or in the future by State law or local ordinance

No pets other than specified may be kept by a Resident

Only one four legged, warm blooded pet will be allowed per unit. Attachment 6-approval of Pet application) If an approved pet gives birth to a litter, the Resident/Pet owner shall move all pets from the premises except one.

Failure to properly register and to provide the specified proof of proposed pets prior to a pet being brought into the Resident's apartment shall result in the initiation of an action to remove the pet and to evict the Resident.

Pet rules will not be applied or enforced to animals who assist the handicapped.

Resident/Pet Owner will be required to qualify animals who assist the handicapped as an animal to be excluded. The PHA will grant the exclusion if the tenant or prospective tenant certifies in writing that:

The tenant or a member of the family is handicapped.

The animal has been trained to assist with that specified handicap.

The animal actually assists the handicapped person.

The PHA may direct such initial tenant moves as may be necessary to establish pet and no pet areas. However, the PHA may not refuse to admit or delay admission of an applicant for tenancy on the grounds that the applicant's admission would violate a pet or no pet area.

The PHA may adjust the pet and no pet areas and/or may direct such additional moves as may be necessary to accommodate such applicants for tenancy or to meet the changing needs of existing tenants.

The PHA shall bear the cost for tenant mandated moves.

Subject to State/local law.

Pets shall not be permitted on the common grassed areas.

## **ADDITIONAL FEES AND DEPOSITS-PETS**

### **A. PET DEPOSIT**

The Resident/Pet Owner shall be required to pay to the PHA a refundable deposit for the purpose of defraying all reasonable costs directly attributable to the presence of a dog or cat .

The deposit, in an amount \$300.00, as suggest the reasonable standard for the maximum amount published in the Federal Register by HUD as December 1, 1986 and shall be paid in full upon the acceptance of the Pet Application and/or move in date.

**B. PET WASTE REMOVAL CHARGE**

A separate pet waste removal charge of \$5.00 per occurrence will be assessed the Resident/Pet Owner when necessary.

Pet Deposit and pet waste removal charges are not part of rent payable by the tenant.

All reasonable expenses incurred by the PHA as the result of damages directly attributable to the presence of the pet in the project shall be the responsibility of the Resident/Pet Owner including:

Cost of repairs and replacement to tenant's dwelling unit;

Fumigation of tenant's dwelling unit.

Legal costs to recover unpaid costs or expenses may be commenced if a properly prepared and outlined invoice is not honored.

**ADDITIONAL PET RULES**

**A. PET AREAS ALLOWED**

Pets must be maintained within the resident pet owner's unit. When outside the apartment (within the building or on development grounds), dogs and casts must be kept on a leash or carried and under the control of the Resident/Pet Owner r other responsible individual AT ALL TIMES.

Pets are not allowed on the common grassed areas.

Resident/Pet Owner shall keep their pets under control at all times.

**B. NOISE**

Resident/Pet Owner agrees to control the noise of his/her pet so that such noise does not constitute a nuisance to other tenants or interrupt their peaceful enjoyment of their apartments. Failure to control pet noise may result in the removal of the pet from the premises.

This includes but is not limited to loud or continuous barking, howling, whining, biting, scratching, chirping, or other such activities.

#### **C. CLEANLINESS REQUIREMENTS**

Litter Box Requirements: using a Litter Box or Cage. All animal waste or the litter from litter boxes shall be picked up immediately by the Pet Owner and disposed of in a sealed plastic trash bag and placed in trash bins located by their unit.

Litter shall be changed at least twice weekly. Waste shall be separated from the litter daily.

Litter shall not be disposed by the being flushed through a toilet. Charges for unclogging the toilet due to the improper disposal of pet waste shall be billed to the Resident/Pet Owner.

Litter boxes shall be kept INSIDE the Resident/Pet Owner's dwelling unit.

Requirements for Removal of Waste in Other Locations: The Resident/Pet Owner shall be responsible for removing and disposing of the waste from the pet exercise area caused by his or her pet by placing it in sealed plastic trash bag and then in designated trash bins or receptacles.

Resident/Pet Owner shall be held responsible for the immediate cleaning of any dirt or pet waste tracked through or deposited in the common areas.

Any apartment occupied by a dog or cat shall be fumigated at the time the apartment is vacated.

Odor: Resident/Pet Owner shall take adequate precautions to eliminate any pet odors within or around the unit and to maintain the unit in a sanitary condition at all times.

#### **D. PET CARE**

No pet shall be left unattended in any apartment for a period in excess of twelve (12) hours.

All Residents/Pet Owners must be aware and recognize other residents may have chemical sensitivities or allergies related to pets or may be

easily frightened and/or disoriented by animals. The Resident/Pet Owner agrees to exercise common sense and common courtesy with respect to such other resident's right to the peaceful and quiet enjoyment of common areas and his/her apartment.

**IV. ALTERATIONS**

Resident/Pet Owners shall not alter their unit, patio, unit area, or common areas to create an enclosure for the animals.

**V. RESPONSIBLE PARTIES**

The Resident/Pet Owner will be required to designate two (2) responsible parties for the care of the pet if the health or safety of the pet is threatened by the death or incapacity of the Resident/Pet Owner, or by other factors that render the Resident/Pet Owner unable to care for the pet.

**VI. PET RULE VIOLATIONS**

The lease incorporates the pet rules and states that the tenant agrees to comply with the rules and that violations of the pet rules may be grounds for removal of the pet or for termination of tenancy in accordance with applicable State law and applicable regulations as specified on the Lease and Grievance Procedures.

**A. PET RULE VIOLATION NOTICE**

If a determination is made, on objective facts supported by written statements, that a Resident/Pet Owner has violated a rule, written notice will be served on the Resident/Pet Owner.

The notice must contain a brief statement of the factual basis for the determination and the pet rule(s) alleged to be violated. The notice also must state:

That the Resident/Pet Owner has 10 days from the effective date of the Service of Notice to correct the violation or make written request for a meeting to discuss the violation.

That the Resident/Pet Owner's failure to correct the violation, request a meeting, or appear at a requested meeting may result initiation of procedures to terminate the pet owner's tenancy.

**B. PET RULE VIOLATION MEETING**

If a Resident/Pet Owner requests a meeting on a timely basis, the PHA will establish a mutually agreeable time and place for the meeting.

The meeting will be scheduled no later than 15 days from the effective date of Service of Notice of the pet rule violation, unless the pet owner agrees to a later date in writing.

The Resident/Pet Owner and the PHA will discuss the alleged violation at the meeting and attempt to correct it.

As a result of the meeting, the PHA may give the Resident/Pet Owner additional time to correct the violation. (Attachment 7- Pet Rule Violation Notice)

#### **C. NOTICE FOR PET REMOVAL**

If the Resident/Pet Owner and the PHA are unable to resolve the violation at the meeting or the Resident/Pet Owner fails to correct the violation in the allotted time, the PHA may service notice on the Resident/Pet Owner at or after the meeting to remove the pet.

The notice must:

Contain a brief statement of the factual basis for the determination and the pet rule(s) that have been violated.

State the Resident/Pet Owner must result in initiation of procedures to terminate the Resident/Pet Owner's tenancy.

#### **D. TERMINATION OF TENANCY**

The PHA may initiate procedures for termination of the Resident/Pet Owner's tenancy based on a pet rule violation if:

The pet owner has failed to remove the pet or correct a pet rule violation within the applicable time period specified; and

The pet rule violation is sufficient to begin procedures to terminate the Resident/Pet Owner's tenancy under the terms of the lease and applicable regulations.

#### **E. PET REMOVAL**

If the health or safety is threatened by the death or incapacity of the pet owner, or by other factors that render the pet owner unable to care for

the pet, the procedures identified below will be followed. This includes pets which appear to be poorly cared for or which are left unattended for longer than 12 hours.

The situation will be reported to the Responsible party designated by the Resident/Pet Owner.

If the Responsible Party is unwilling or unable to care for the pet or if the PHA, despite reasonable efforts, has been unable to contact the Responsible Party(s), the PHA may contact the appropriate State or Local Authority and request the removal of the pet.

The Taos County Animal Control Ordinance will be followed in the removal of the pet. The pet will be placed in a facility that will provide care and shelter until the pet owner or a representative of the pet owner is able to assume responsibility, but no longer than 30 days. The cost of the animal care facility shall be born by the pet owner. (Attachment No. 8- Taos County Animal control Ordinance)

## **VII     EMERGENCIES**

- A.     The PHA will be concerned about pets who become vicious or display symptoms of severe illness or demonstrate other behavior that constitutes an immediate threat to the health or safety of the tenancy as a whole.
- B.     The PHA will refer these cases to the State or Local authority authorized under applicable State or local law to remove these pets who exhibit this behavior.

**DATE AND EVIDENCE OF:**

<u>TYPE</u>	<u>WEIGHT</u>	<u>CERT. OF GOOD HEALTH</u>	<u>INOCULATIONS</u>
DOG _____	_____	_____	_____
CAT _____	_____	_____	_____
OTHER _____	_____	_____	_____

**\*Copies of certificates must be attached and evidence of renewal of certification must be submitted annually.**

<u>TYPE</u>	<u>DISTEMPERSPAYED/NEUTERED</u>	<u>LICENSE</u>
DOG _____	_____	_____
CAT _____	_____	_____
OTHER _____	_____	_____

**Copies of License must be attached and must be renewed annually or as required by state or local law.**



**COMMENTS:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DATE:** \_\_\_\_\_

**ATTACHMENT NO 1**

**PET AGREEMENT**

This Pet Agreement, when executed, becomes an attachment to the lease between \_\_\_\_\_ (name of Resident/Pet Owner) and the Taos County Public Housing Authority.

“I/we have read and have received an explanation and understand the provisions of the Pet Rules and Policies of \_\_\_\_\_ (Site), dated \_\_\_\_\_ and agree to comply fully with stipulated provisions, including the rules regarding tenant move.

I/we understand that violation of these rules may constitute cause for the removal of my/our pet from the premises or termination of my/our tenancy (or both).

I/we accept complete responsibility for the care and cleaning of the pet.

When required by the PHA to remove my /our pet from the premises, for cause, I/we agree to accomplish this removal and understand that failure to do so may constitute cause for the initiation of an eviction.

In the event I want to substitute pets or, if the pet is removed from the unit, add another pet, I realize I will have to reapply for approval of the new pet.

**RESIDENT:** \_\_\_\_\_

**RESIDENT:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**UNIT NO.:** \_\_\_\_\_

**WITNESS:**

The above named resident(s) has read and signed these rules in my presence:

**NAME:** \_\_\_\_\_

**TITLE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**ATTACHEMENT NO.2**

**SELF-DETERMINATION INSTRUMENT FOR PETS/PET OWNERS**

**Identification Information:**

**Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Type of Pet:** \_\_\_\_\_

You may want some information to decide for yourself whether it would be financially feasible to own a pet, particularly if you are thinking about a dog or cat.

Read the Pet Rules and Policy to determine whether you feel you could comply with them.

After you have completed this form, answer the following questions for yourself:

1. Do you have enough money to cover the costs of having a dog/cat?  
\_\_\_\_\_yes \_\_\_\_\_No
2. If no, do you have someone else who will pay for your animal costs:  
\_\_\_\_\_yes \_\_\_\_\_No
  - a. If yes, who would that sponsor be?  
\_\_\_\_\_
3. In case of your illness, is there someone who will take care of your pet for you?  
\_\_\_\_\_yes \_\_\_\_\_No
  - a. If yes, what is the name of person able to care for my pet in case of illness?

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Daytime Phone:** \_\_\_\_\_

**Evening Phone:** \_\_\_\_\_

(If you decide on a pet, you must let the PHA or resident manager know if the name, address, or telephone numbers of this person changes at any time.)

4. If no, find a friend or relative to help with your pet if you can't find someone or else wait to get a pet until you can find someone.

### **ATTACHMENT NO. 3**

#### **RESPONSIBLE PARTY CERTIFICATION**

By signing this certification, the undersigning parties agree to take responsibility for the pet described below which belongs to the following Resident:

**Resident/Pet Owner Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Apt. No.:** \_\_\_\_\_

The responsibility includes removing the pet from the premises, either temporarily or permanently, if the Resident/Pet Owner is unable to care for the pet or if the health or safety of the pet is unable to care for the pet or if the health or safety of the pet is threatened by the death or incapacity of the pet owner, or by other factors that render the pet owner unable to care for the pet.

I certify I will assume the responsibilities described above and will respond to the PHA request within four hours of notification.

1. **Responsibility Party Name:** \_\_\_\_\_

**Relationship to the Resident/Pet Owner:** \_\_\_\_\_

**City/State/Zip:** \_\_\_\_\_

**Work Phone:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_

2. **Responsibility Party Name:** \_\_\_\_\_
- Relationship to the Resident/Pet Owner:** \_\_\_\_\_
- City/State/Zip:** \_\_\_\_\_
- Work Phone:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_

#### **ATTACHMENT NO 4**

### **PET OBLIGATIONS**

Pets can be a lot of fun and great companions, but too many people under estimate how much time and money it takes to own an animal, especially a dog or a cat. To help you decide whether you are able to take on the responsibility of a pet, we have put together this package of information. Please take the time to read this carefully. You may decide that this is not the right time for you to be making such an important commitment.

### **LEGAL OBLIGATIONS**

The State of New Mexico and/or the Taos County Ordinance has laws relating to pets, particularly cats and dogs. The items listed below are fairly typical, but you should check your State and local laws.

All dogs and cats must wear a license (available at the City/County building).

All dogs and cats must wear a valid rabies tag (available at your veterinarian's office).

All dogs and cats must wear a tag with the owner's name and address on it (available through a pets store).

All dogs and cats must be leashed and accompanied by the owner or another person at all times when the pet is off the owner's property.

You may not knowingly keep a vicious animal.

You may not have a dog in a park, school ground or prohibited area.

You may not permit your animal to defecate on the public highway.

You may not tie your dog or cat up so that it can stand on a sidewalk. This means that you cannot tie your dog or a cat up in your yard so that the pet can reach the sidewalk.

If your dog or cat should bite a person, it must be isolated at a veterinarian's office for ten (10) days for rabies observation. This can cost approximately \$50-\$75 in boarding fees so it is a possible expense you should bear in mind if you are planning to have a pet.

**ATTACHMENT NO. 5**

**APPROVAL OF PET APPLICATION**

**DATE:** \_\_\_\_\_

**TO:** \_\_\_\_\_  
**RESIDENT**

\_\_\_\_\_  
\_\_\_\_\_

Pursuant to your request for the pet described in your application to reside in your dwelling unit, we have approved the pet described in your application.

Please come to our office to sign the required papers in order to finalize the keeping of the pet you have requested in your unit.

Sincerely,

Resident Manager

**ATTACHMENT No. 6**

**DISAPPROVAL OF PET APPLICATION**

**DATE:** \_\_\_\_\_

**TO:** \_\_\_\_\_  
**RESIDENT**  
\_\_\_\_\_  
\_\_\_\_\_

Pursuant to your request for pet described in your application to reside in your unit, we regretfully must disapprove your request for the following reason(s):

\_\_\_\_\_  
\_\_\_\_\_

If you would like to remedy the reason for the disapproval or submit an application for another pet, please feel free to do so.

Sincerely,

Resident Manager

**ATTACHMENT No. 7**

**PET RULE VIOLATION NOTICE**

**DATE:** \_\_\_\_\_

**TO:** \_\_\_\_\_

**RESIDENT**

We feel that you have violated the pet rule described below, as evidenced by the written statements we have received.

Violation(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Rule Reference(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

---

You have ten (10) days from \_\_\_\_\_ (effective date of service of notice ) to

\_\_\_\_\_ Correct the violation(s)

\_\_\_\_\_ Remove the pet

or make a written request for a meeting to discuss the violation.

You are entitled to be accompanied by another person of your choice at the meeting. Your failure to correct the violation, to request a meeting, or to appear at a requested meeting may result in initiation of procedures to terminate your tenancy.

Sincerely,

Resident Manager

**ATTACHMENT No. 8**

**NOTICE OF PET REMOVAL**

**DATE:** \_\_\_\_\_

**TO:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This letter constitutes notice that you are required to remove the pet residing in your dwelling located at \_\_\_\_\_, Unit No. \_\_\_\_\_ because:

\_\_\_\_\_ We are unable to resolve the violation(s) at our Pet Violation meeting or \_\_\_\_\_. You have failed to correct the pet rule violation(s) within the additional time provided.

Statement of factual basis for determination: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Rule Violated: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

You must remove the pet within ten (10) days of \_\_\_\_\_ (effective date of service of the notice of pet removal or meeting if the notice is served at the meeting).

Your failure to remove the pet may result in initiation of procedures to terminate your tenancy.

Sincerely,

Resident Manager



